

**2000 W-2 CORRECTION INSTRUCTIONS
TABLE OF CONTENTS**

1. General Information	1
2. Preparation & Submission of VA Form 9997	2
3. Correction Scenarios	
A. Correction of SSN or Name	3
B. Combination of Information from 2 W-2s Into One W-2	3
C. Excess OASDI Tax Withheld From Employee	4
D. Cancelled Checks Not Processed In PAID	5
E. Salary Overpayments Collected in the Same Tax Year	6
F. Overpayment Collected In The Following Tax Year	8
G. Draft Payments Not Recorded In PAID	10
H. Draft Payment Recorded But Pre-tax Health Benefit Not Given ..	11
I. Pre-tax Transit	11
J. Changes In Retirement Code	12
4. Blank Forms	14
5. Retirement Rate Chart	14
6. Summary	17

Department of
Veterans Affairs

Memorandum

Date: February 28, 2001

From: Financial Services Center, Payroll Operations & Integration Services Division
(0475B)

Subj.: Tax Year 2000 W-2 Correction Instructions

To: All VA Payroll Offices

1. GENERAL INFORMATION

A. Reasons for W-2 corrections (W-2Cs) processed in 2000 for 1999 are as follows:

Change to Taxing Authority	31.6%
Cash Collections	18.3%
OWCP Leave Buybacks	15.9%
Cash Payments	12.1%
Breach of Special Pay	5.6%
Refund of Excess OASDI Tax	4.1%
Retirement Corrections	3.9%
Cancelled Checks	3.2%
Correct Employee's SSN	2.5%
EPV and Moving Expenses	1.6%
TSP	1.2%

B. A correction to an employee's retirement code not only affects the employee's retirement record, but also affects the FICA and Medicare wages and taxes. Please follow the procedures described in this package to ensure that the Financial Services Center (FSC) issues the corrected W-2s in a timely manner.

C. Payroll Offices must request corrections to W-2 forms using VA Form 9997. Mail or fax VA Form 9997 and required attachments to the FSC for processing. Stations **must** prepare VA Form 9997 and attachments as shown in this document and its examples.

D. MP-6, Part V, Supp. 2.3, Chapter 5, defines minor adjustments to wage as \$20.00. Central Office Payroll Policy has agreed minor adjustments of \$100.00 or less are processed against current year earnings and taxes. Corrected timecards received for prior tax year pay periods are processed as corrected W2s if the gross overpayment is more than \$100.00. For cases where overpayment is under

\$100.00, the Thrift Savings Plan (TSP) Employee Amount (EA) negative cannot be keyed into OLDE (On Line Data Entry) with a prior year pay period. Current year pay period may be used.

2. PREPARATION AND SUBMISSION OF VA FORM 9997

A. Follow these steps to complete the VA Form 9997, Request for TD Form W-2C.

(1) Complete the following fields: year, station number, employee status, Social Security Number (SSN), name and address, lines 1 through 21 based on employee's W-2 information, adjustment transaction section, quarterly breakdown section, R1 information, reason for correction and signature of certifying officer.

(2) Please note that items 1 through 21 are numbered and have the same titles as the blocks on the W-2.

(3) Please be sure to enter the data from the W-2 on the appropriate line of the VA Form 9997.

(4) Use the January 2001 version of the VA Form 9997 to correct a W-2 for tax year 2000.

(5) Corrections for tax years prior to and including 1999 use the September 1995 or the January 2001 version of the VA Form 9997. **Example 1(page 19)** provides a copy of the January 2001 version.

B. When the corrections involve OASDI and/or Medicare wages and taxes, the "adjustment transaction" and "quarterly breakdown" sections of VA Form 9997 are required.

(1) Obtain data for column A, As Originally Reported, from the original W-2.

(2) If a second correction for the same tax year is necessary, take the ending figures in column B, Correct Information, of the first correction and put them in column A of the second VA Form 9997. Be sure to annotate "Second Correction" at the top of the VA Form 9997.

(3) All VA Forms 9997 require the breakdown of the OASDI and Medicare adjustments by calendar quarter and appropriation in the space provided. The Internal Revenue Service (IRS) requires this information reported by quarter on the Employer's Quarterly Federal Tax Return filed by the FSC.

(4) The adjustment must equal the quarterly breakdown amount in column C, Increase (Decrease)(B less A).

3. CORRECTION SCENARIOS

The following represents examples of situations requiring a corrected W-2. Please follow the instructions for each scenario. This listing represents only examples of salary payment and deduction scenarios. Not all conditions are outlined specifically. Please contact the PAID Section at 512-460-5235 if further assistance is required to address an individual situation.

A. CORRECTION OF SSN OR NAME ON W-2

(Ref: MP-6, Part V, Supp. 2.3, Chapter 13, Para 13.13)

The following instructions apply to situations involving incorrect SSN or name.

(1) If the original W-2 was issued with an incorrect SSN, prepare VA Form 9997 to correct that information. **See Example 2 (page 20).**

(2) If the original W-2 was issued with an incorrect name, prepare VA Form 9997 to correct the name.

(3) Complete the following items and mail or fax them to FSC to correct an employee's W-2:

- a. VA Form 9997 with top and bottom sections completed.
- b. Attach a copy of the appropriate tax year W-2 listing.

B. COMBINATION OF INFORMATION FROM 2 W-2s INTO ONE W-2

(Ref: MP-6, Part V, Supp. 2.3, Chapter 13, Para. 13.13)

The following provides instructions for processing a corrected W-2 for wages reported under multiple W-2s.

(1) If Human Resources (HR) processed an employee's accession under a incorrect SSN and subsequently separated the incorrect SSN record and processed an accession under the correct SSN, the employee received two W-2s. One W-2 was issued with the correct SSN and one reflected the wrong SSN. Prepare two VA Forms 9997.

(2) An employee had two appointments, one with the actual SSN and another with a pseudo SSN. The employee received two W-2s, one with the actual SSN and one with the pseudo SSN. HR did not enter the actual SSN in the pseudo record preventing the combination of the information from both records into one

W-2. Prepare two VA Forms 9997.

(3) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:

a. VA Form 9997 to reduce the taxes and wages from the incorrect SSN.
See Example 3, part 1 (page 21).

b. VA Form 9997 to increase the taxes and wages for the correct SSN.
See Example 3, part 2 (page 22).

c. Attach a copy of the appropriate tax year W-2 listing for both SSNs.

C. EXCESS OASDI TAX WITHHELD FROM EMPLOYEE
[Ref: MP-6, Part V, Supp. 2.3, Chapter 1 (TT54)]

The following provides an example of an employee transferring within the Federal Government.

(1) An employee transferred from the Department of Agriculture to VA effective 7-16-00. The employee is covered by FERS (K) retirement and pays OASDI tax. Payroll did not enter OASDI wages from the Department of Agriculture on OLDE Screen A520 under Transfer OASDI Wages. Excess OASDI tax was withheld from the employee's pay. Employees having OASDI withheld from a VA paycheck and from the paycheck of a private employer may receive a refund of over-deducted OASDI tax when filing an income tax return. Employees having OASDI withheld from a VA paycheck and from another federal agency paycheck may not receive a refund of the over-deduction of OASDI tax when filing a tax return. The IRS considers multiple agencies within the Federal Government as one employer. IRS requires the agency employing the person at the end of the tax year to process a corrected W-2 to reduce OASDI tax and wage down to the maximum for that year.

(2) The transferring employee must provide the payroll office with OASDI wage and tax information from the previous agency.

(3) Complete the following items and mail or fax them to the FSC to correct employee's W-2:

a. VA Form 9997 to reduce excess OASDI taxes and wages. **See Example 4 (page 23).**

b. Attach a copy of the appropriate tax year W-2 listing.

D. CANCELLED CHECKS NOT PROCESSED IN PAID
(Ref: MP-6, Part V, Supp. 2.3, Chapters 11 and 13)

The following provides examples of overpayments (Canceled Checks) not processed the same tax year as the overpayment.

(1) A current or separated employee received pay for the Holiday of 11-23-00. The employee was in an LWOP status in pay period 24 and not entitled to the net payment of \$33.74. The station payroll office faxed an official notification to the bank requesting the return of the funds since the employee was not entitled to the payment. The bank returned the money but payroll did not process the required recording transactions to reduce the taxable wages and taxes reported on the W-2. **See Example 5 (pages 24, 25 & 26).** The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on Office of Workers' Compensation Program (OWCP). Increase the current receivable for advanced health benefits by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If the employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.

(2) A current or separated employee received pay for the Holiday of 11-23-00. The employee was in an LWOP status in pay period 24 and not entitled to receive pay. The employee's net pay was zero. Payroll failed to process the required recording transactions to reduce the taxable wages and taxes reported on the W-2. **See Example 6 (pages 27, 28 & 29).** The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If the employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.

(3) Complete the following items and mail or fax them to the FSC to correct employee's W-2:

- a. VA Form 9997 with all sections completed.
- b. VA Form 4-5642, Notice of Check Cancellation or Cash Collection, with all sections completed. Payroll must call the National Finance Center (NFC) to verify that the Thrift Savings Plan (TSP) account is still open on separated employees. If the account is closed, add the EA TSP amount to the net amount owed by the employee. Do not annotate TSP amount on the VA Form 4-5642. Instead, annotate "PER NFC TSP ACCOUNT CLOSED".
- c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if the employee had TSP and has not closed the TSP account.

(1) Be sure to code each pay period on the R6.

(2) Prepare a different VA Form 4-5638a code sheet for each **tax year**

requiring correction.

(3) **Do not** enter the appropriation for EA TSP.

(4) **Do not** complete an R6 on VA Form 4-5638a for Government Basic (GB) and Government Matching (GM) for pay periods older than 11 months.

(5) Code only the EA. The NFC only processes transactions to reduce contributions once each month.

(6) NFC will not process a minus transaction older than one year. The one-year time limit is determined by the date NFC processes the transaction.

d. Attach a copy of the appropriate tax year W-2 listing.

**E. SALARY OVERPAYMENTS COLLECTED IN THE SAME TAX YEAR
(Ref: MP-6, Part V, Supp. 2.3, Chapters 6 and 13)**

The following provides examples of overpayments (Cash Collections) not processed in the same tax year as the overpayment.

(1) A **current employee** did not work in pay period 5 of 2000. The timekeeper submitted a timecard and the employee received a salary payment for this pay period. The employee cashed the check. A bill of collection was prepared and given to the employee. The employee paid the Agent Cashier in July but payroll received no notification of the repayment. When the employee received a W-2, the employee notified payroll that it was incorrect. Payroll researched and determined that accounting set up a receivable for the net and used the money paid by the employee to clear the receivable. In this situation the debt was repaid but the W-2 is incorrect. Accounting must reverse the transaction and return the money to suspense. When FSC processes the W-2 correction, the transactions will remove the net from suspense and place the net, plus the deductions, back to the appropriation. Prepare VA Form 9997 to reduce the Federal, OASDI, Medicare, and State and/or City wages and taxes. **See Example 7 (pages 30, 31 & 32).** Bond deductions, allotments, garnishments and Occupation Privilege Tax (OPT) are **non-reversible** items and are not taken into consideration when arriving at the net amount the employee must pay.

(2) For **separated employees**, accounting must establish a receivable for the net amount due. The W-2 corrections processed by the FSC return the deductions to the appropriation. The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of employee health benefits

forwarded to the carrier on the C215 screen. If employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.

(3) A **current employee** submitted an OWCP claim for pay period 14 of 2000. The employee was originally charged sick leave for pay period 14. OWCP approved the claim and sent a check to the station. The date of the OWCP check deposit to suspense was 12-22-00. The employee paid his share on 12-29-00. Prepare VA Form 9997 to reduce the Federal, OASDI, Medicare, and State and/or City wages and taxes. **See Example 8 (pages 33, 34 & 35).**

(4) Other manual references for OWCP cases are: MP-6, Part V, Supp. 2.3, Chapter 8, FPM, Book 810, Subchapter 7, FPM, Letter 631-11 dated 10-6-83 and unpublished CG decision B-229168, dated 9-7-88.

(5) For **separated employees**, accounting must establish a receivable for the net amount due. When FSC processes the W-2 correction, the transactions will remove the net from suspense and place the net, plus the deductions, back to the appropriation.

(6) A **current employee** received pay for the holiday of 11-23-00. The employee was in an LWOP status in pay period 24 and not entitled to the payment. The Bank refused to return the funds. The employee was given a bill of collection for net amount owed. The employee paid the Agent Cashier on 12-27-00. Prepare VA Form 9997 to reduce the Federal, OASDI, Medicare, and State and/or City wages and taxes. **See Example 9 (pages 36, 37 & 38).**

(7) For **separated employees**, accounting must establish a receivable for the net amount due. When FSC processes the W-2 correction, the transactions will remove the net from suspense and place the net, plus the deductions, back to the appropriation. The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.

(8) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:

a. VA Form 9997 with all sections completed.

b. VA Form 4-5642, Notice of Check Cancellation or Cash Collection, with all sections completed. Payroll must call NFC to verify that the TSP account is still open on separated employees. If the account is closed, add the EA TSP amount to

the net amount owed by the employee. Do not annotate TSP amount on the VA Form 4-5642. Instead, annotate "PER NFC TSP ACCOUNT CLOSED".

c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if the employee had TSP and has not closed the TSP account.

(1) Be sure to code each pay period on the R6.

(2) Prepare a different VA Form 4-5638a code sheet for each **tax year** requiring correction.

(3) **Do not** enter the appropriation for EA TSP.

(4) **Do not** complete an R6 on VA Form 4-5638a for GB and GM for pay periods older than 11 months.

(5) Code only the EA. NFC only processes transactions to reduce contributions once each month.

(6) NFC will not process a minus transaction older than one year. The one-year time limit is determined by the date NFC processes the transaction.

d. Attach a copy of the appropriate tax year W-2 listing.

F. OVERPAYMENT COLLECTED IN THE FOLLOWING TAX YEAR (Ref: MP-6, Part V, Supp. 2.3, Chapter 6 and Chapter 13)

The following provides examples of overpayments collected in a tax year following the year of overpayment:

(1) A **current or separated employee** did not work in pay period 5 of 2000. The timekeeper submitted a timecard and the employee received a salary payment for this pay period. A bill of collection was prepared and given to the employee. Bond deductions, allotments, garnishments and OPT tax are **non-reversible** items and are **not** taken into consideration when arriving at the net amount the employee is to pay. The employee paid the bill in January of 2001. Because the employee did not pay the bill in 2000, the Federal, State and City taxes are **non-reversible**. Amend the bill of collection to show the new increased net amount. Accounting must establish a receivable in the gross. Prepare a VA Form 9997 to reduce the OASDI and Medicare wages and taxes. **See Example 10 (page 39, 40 & 41).** When FSC processes the VA Form 9997, deductions are deposited in station suspense for accounting to apply to the receivable. Payroll must furnish the employee a certificate stating the gross amount collected was included in the employee's prior year W-2. Since the Federal, State and City wages and taxes are **not** correctable on the W-2, a VA Form 9997 may be prepared and sent to FSC for

processing even if the employee does not pay the bill. **Do not give the employee a certificate until the bill is paid.** The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If the employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.

(2) A **current or separated employee** submitted an OWCP claim for pay period 14 of 2000. The employee was originally charged sick leave. OWCP approved the claim and sent a check to the station on 1-5-01. Because OWCP and the employee did not pay the bill in 2000, the Federal, State and City taxes are **non-reversible**. Amend the bill of collection to show the new increased net amount owed by the employee. Accounting must establish a receivable in the gross. Prepare a VA Form 9997 to reduce the OASDI and Medicare wages and taxes. **See Example 11 (pages 42, 43 & 44).** When FSC processes the VA Form 9997, deductions are deposited in station suspense for accounting to apply to the receivable. Payroll must furnish the employee a certificate stating the gross amount collected was included in the employee's prior year W-2.

(3) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:

a. VA Form 9997 with sections 3, 4, 5, and 6 completed for employees with OASDI on W-2. Complete sections 5 and 6 for employees with Medicare only on the W-2.

b. VA Form 4-5642, Notice of Check Cancellation or Cash Collection, complete all sections. Payroll must call NFC to verify that the TSP account is still open on separated employees. If the account is closed, add the EA TSP amount to the net amount owed by the employee. Do not annotate TSP amount on the VA Form 4-5642. Instead, annotate "PER NFC TSP ACCOUNT CLOSED".

c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if employee had TSP and has not closed the TSP account.

(1) Be sure to code each pay period on the R6.

(2) Prepare a different VA Form 4-5638a code sheet for each **tax year** requiring correction.

(3) **Do not** enter the appropriation for EA TSP.

(4) **Do not** complete an R6 on VA Form 4-5638a for GB and GM for pay periods older than 11 months.

(5) Code only the EA. NFC only processes minus transactions to reduce contributions once each month.

(6) NFC will not process a minus transaction older than one year. The one-year time limit is determined by the date NFC processes the transaction.

d. Attach a copy of the appropriate tax year W-2 listing.

**G. DRAFT PAYMENTS NOT RECORDED IN PAID
(Ref: MP-6. Part V, Supp 2.3, Chapters 4 & 13)**

The following provide examples of a draft payment not recorded before the end of the tax year:

(1) The employee was not paid by the system for pay period 23 of 2000 because the supervisor failed to certify the time card in a timely manner. The payroll office failed to record the draft payment before the tax year ended. The wages on the employee's W-2 do not include the draft payment. Accounting is asking payroll, "When will suspense be replenished for the draft?" Payroll must correct the W-2 since the employee received the draft payment in 2000. **See Example 12 (pages 45, 46 & 47).**

(2) The employee received an On The Spot Award paid by draft on 12-23-00. Payroll must correct the W-2 since the employee received the draft payment in 2000. **See Example 13 (pages 48 & 49).**

(3) Complete the following items and mail or fax them to the FSC to correct the employee's W-2:

a. VA Form 9997 with all sections completed.

b. VA Form 4-5638, Pay Adjustment and Cash Payment Code Sheet, with all items coded for recording the payment. Code net amount paid to the employee in station prior pay.

c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if employee had TSP.

d. Attach a copy of the appropriate tax year W-2 listing.

H. DRAFT PAYMENT RECORDED BY PAYROLL OFFICE BUT HEALTH PRE-TAX BENEFIT NOT GIVEN

The following is an example of a draft payment recorded in PAID but

Health Pre-tax benefit was not reflected on the W-2.

(1) Pre-tax Health began in pay period 21 of 2000. The Employee was not paid by the system for pay period 22 of 2000 because the supervisor failed to certify the time card in a timely manner. The payroll office recorded the draft payment before the tax year ended. Payroll was not able to give the employee pre-tax health benefits because the new OLDE screens were not available. The wages on the employee's W-2 do not reflect pre-tax health benefits for pay period 22. Payroll must correct the W-2 as the employee is entitled to pre-tax health for pay period 22. Prepare VA Form 9997 to increase pre-tax health on the W-2 and decrease Federal, State, City, OASDI and Medicare taxes and wages. **See Example 14 (page 50).**

(2) Note: New Jersey and Puerto Rico do not exempt Health Benefits.

(3) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:

a. VA Form 9997 with Federal, State, City, OADI and Medicare wage sections completed. Also, complete the Pre-tax Health Benefits and OASDI and Medicare tax sections.

b. Attach a copy of the appropriate tax year W-2 listing.

I. PRE-TAX TRANSIT

The following is an example of Transit money refunded to the employee but the refund is not reflected on the W-2. Corrected W-2 is required.

(1) Pre-tax Transit began in pay period 19 of 2000. The employee signed up for Transit Benefits and had transit benefit money withheld in pay period 19, 20 and 21. The employee did not receive the "fare media" and requested a refund of the transit money. The money was refunded to the employee by accounting. The payroll office did not send a copy of the Standard Form 1034, Public Voucher for Purchases & Services Other Than Personal, to FSC to decrease the Transit Benefit

amount on the W-2 and increase the appropriate wages and taxes. A corrected W-2 is required to delete Transit Benefits from the W-2 and increase Federal, State, City, OASDI and Medicare wages and taxes. **See Example 15 (page 51).**

(2) Note: Massachusetts, New Jersey, Pennsylvania, and Puerto Rico and all local jurisdictions in Pennsylvania **do not exempt** transit benefits.

(3) Complete the following items and mail or fax them to the FSC to correct the employee's W-2:

a. VA Form 9997 with Federal, State, City, OASDI and Medicare wage sections completed. Also, complete the Pre-tax Transit and OASDI and Medicare tax sections.

b. Standard Form 1034, Public Voucher for Purchases and Services Other Than Personal.

c. Attach a copy of the appropriate tax year W-2 listing.

The following is an example of an employee who self-certified and was reimbursed the transit money withheld from the paycheck. A corrected W-2 is not required.

(1) The employee signed up for Transit Benefits and had transit benefit money withheld in pay period 19, 20, 21, 22, 23, 24, and 25. "Fare Media" was not available in the employee's area. The employee self-certified and received reimbursement of the transit money. A corrected W-2 is not required. The employee is entitled to receive the transit benefit exemption.

(2) Note: Massachusetts, New Jersey, Pennsylvania, and Puerto Rico and all local jurisdictions in Pennsylvania **do not exempt** transit benefits.

J. CHANGES IN RETIREMENT CODE

Ref: MP-6, Part V, Supp. 2.3, Chapter 13

OPM Benefits Administration Letter 97-107 dated 9-25-97

Interim Issue 004-91-2 dated 10-1-91

Federal Erroneous Retirement Coverage Corrections Act (FERCCA) dated 9-19-00 (Example 21 is a chart from FERCCA)

The following are examples of employees who had retirement code changes requiring a corrected W-2:

(1) On 1-14-01 HR changed the employee's retirement code from CSRS Offset (C) to CSRS (1) retroactive to 7-16-00. The time between the current appointment and the previous appointment was less than 1 year. The employee's retirement code was 1 under the previous appointment. Code C employees pay OASDI tax and code 1 employees do not. Prepare a VA Form 9997 to remove OASDI taxes and wages for 2000. **See Example 16, part 1 of 2 (page 52).** The IRS allows correction of the W-2 to remove OASDI taxes and wages for the last three years only. Prepare VA Form 4-4938, CSRS/FERS Correction Worksheets for 2000 and 2001. **See Example 16, part 2 of 2 (page 53).**

(2) On 1-13-01 HR changed the employee's retirement code from 1 to C retroactive to 2-5-84. The employee was previously covered by retirement code 1 but had a break in service of longer than 1 year. Prepare a VA Form 9997 to add OASDI taxes and wages for the years 1984 through 2000. The IRS does not limit

the number of years that may be corrected to add OASDI taxes and wages in connection with retirement corrections. **See Example 17, part 1 of 2 (page 54).** Prepare VA Form 4-4938 CSRS/FERS Correction Worksheets for the years 1984 through 2001. **See Example 17, part 2 of 2 (page 55).**

(3) On 1-14-01 HR changed the employee's retirement code from CSRS (1) to FERS (K) retroactive to 1-4-87. Payroll must make sure HR informed the employee of the retirement benefit options under the Federal Erroneous Retirement Coverage Corrections Act (FERCCA) before taking action. If the employee chose to remain code 1 under FERCCA, have HR change the retirement code back to 1. Send VA Form 4-4938 to the FSC annotated with a statement that no action is required (NAR). The FSC will shut off the retirement code change indicator in the system so the employee will not appear on the Follow-up Listing of Employees With Retirement System Code Changes. If the employee chose K, payroll must prepare VA Form 4-4938 CSRS/FERS Correction Worksheets for 1987 through 2001. Prepare a VA Form 9997 to add OASDI taxes and wages for the years 1987 through 2000. **See Example 17 (page 54).** The only difference in the VA Form 9997 in this case and the previous case is the reason for correction. This one should state "Retirement Correction from 1 to K. Effective date of change 1-4-87".

(4) On 1-14-01 HR changed the employee's retirement code from K to 1 retroactive to 7-5-87. Payroll must make sure HR informed the employee of the retirement benefit options under FERCCA before taking action. If the employee chose to remain code K under FERCCA, have HR change the retirement code back to K. Send VA Form 4-4938 to the FSC annotated with a statement that no action is required (NAR). The FSC will shut off the retirement code change indicator in the system so the employee will not appear on the Follow-up Listing of Employees With Retirement System Code Changes. If the employee chose 1, payroll must prepare VA Form 4-4938 CSRS/FERS Correction Worksheets for 1987 through 2001. Prepare VA Form 9997 to delete OASDI taxes and wages for the years 1998 through 2000. **See Example 16 (page 52).** The only difference in the VA Form 9997 in this case and case 1 above is the reason for correction. This one should say "Retirement correction from K to 1. Effective date of change 7-5-87".

(4) Complete the following items and mail or fax them to the FSC to correct the employee's W-2:

a. VA Form 9997 with sections 3 & 4 completed to add (no limit) or minus (3 year limit) OASDI wages and taxes. Annotate remarks section of the VA Form 9997 "Retirement code change from ____ to _____. Effective date of change _____".

b. VA Form 4-4938, CSRS/FERS Correction Worksheet completed for each **tax year** requiring correction.

c. Attach a copy of the appropriate tax year W-2 listing for each year

requiring correction.

4. Blank Forms

A. The following blank forms are included for your convenience:

(1) VA Form 9997, Request for TD Form W-2C. **Example 1 (page 19).**

(2) VA Form 4-5642, Notice of Check Cancellation or Cash Collection.
Example 18 (page 56).

(2) VA Form 4-4938, CSRS/FERS Correction Worksheet. **Example 19 (page 57).** **Example 20 (page 58)** is the information printed on the back of the VA Form 4-4938 generated by the system when an employee's retirement code is changed.

(3) **Example 21 (page 59)** is a copy of the chart of Retirement Coverage Error Correction Provisions of FERCCA. You can find more information about FERCCA on the OPM website at www.opm.gov/benefits/correction.

5. RETIREMENT RATE CHART

Note: Retirement and TSP are taken on base, locality, gap, special rate pay, standby premium, physician's special pay, physician's comparability pay and AUO availability pay.

RETIREMENT CODE K (FERS)

Year	Employee Share	VA Share	Empl % of VA	Remarks
1987	1.3%	14.8%	8.78	PP01-PP20 of 1987
1987	1.3%	12.5%	10.40	PP21-PP25 of 1987
1988-1989	.94%	12.86%	7.31	Starting PP 26 of 1987
1990-1991	.8%	13.0%	6.15	Starting PP 26 of 1989
1991-1994	.8%	12.9%	6.20	Starting PP 20 of 1991

1994-1997	.8%	11.4%	7.02	Starting PP 20 of 1994
1997-1998	.8%	10.7%	7.48	Starting PP 21 of 1997
1999	1.05%	10.7%	8.81	Starting PP 01 of 1999
2000	1.20%	10.7%	11.21	Starting PP 01 of 2000
2001	.8%	10.7%	7.48	Starting PP 01 of 2001

LAW ENF/FIREFIGHTER CODE M

Year	Employee Share	VA Share	Empl % of VA	Remarks
1987	1.8%	29.4%	6.12	PP01-PP 20 of 1987
1987	1.44%	24.9%	7.23	PP21-PP25 of 1987
1988 -1989	1.44%	25.26%	5.70	Starting PP 26 of 1988
1990 -1991	1.3%	25.4%	5.12	Starting PP 26 of 1989
1991-1994	1.3%	27.3%	4.76	Starting PP 20 of 1991
1994-1997	1.3%	24.3%	5.35	Starting PP 20 of 1994
1997-1998	1.3%	23.3%	5.58	Starting PP 21 of 1997
1999	1.55%	23.3%	6.65	Starting PP 01 of 1999
2000	1.70%	23.3%	7.30	Starting PP 01 of 2000
2001	1.3%	23.3%	5.58	Starting PP 01 of 2001

FERS REEMPLOYED ANNUITANT CODE 9

Years and rates the same as Code K

RETIREMENT CODE 1 (CSRS)

Year	Employee Share	VA Share	Empl % of VA	Remarks
------	----------------	----------	--------------	---------

1956-1969	6.5%	6.5%		11-1-56 thru 12-31-69
1970-1997	7.0%	7.0%		Starting PP 29 of 1969
1997-1998	7.0%	8.51%	82.26	Starting PP 21 of 1997
1999	7.25%	8.51%	85.19	Starting PP 01 of 1999
2000	7.40%	8.51%	86.96	Starting PP 01 of 2000
2001	7.0%	8.51%	82.26	Starting PP 01 of 2001

CSRS LAW ENF/FIREFIGHTERS CODE 6

Year	Employee Share	VA Share	Empl % of VA	Remarks
1956-1969	7.0%	7.0%		11-1-56 thru 12-31-69
1970-1997	7.5%	7.5%		Starting PP 26 of 1969
1997-1998	7.5%	9.01%	83.24	Starting PP 21 of 1997
1999	7.75%	9.01%	86.02	Starting PP 01 of 1999
2000	7.90%	9.01%	87.68	Starting PP 01 of 2000
2001	7.5%	9.01%	83.24	Starting PP 01 of 2001

CSRS OFFSET CODE C

Year	Employee Share	VA Share	Empl % of VA	Remarks
1984-1987	1.3%	7.0%	18.57	Code C effective 1-1-84
1988-1989	.94%	7.0%	13.43	Starting PP 26 of 1987
1990-1997	.8%	7.0%	11.43	Starting PP 26 of 1989
1997-1998	.8%	8.51%	9.40	Starting PP 21 of 1997
1999	1.05%	8.51%	12.34%	Starting PP 01 of 1999

2000	1.20%	8.51%	14.10	Starting PP 01 of 2000
2001	.8%	8.51%	9.40	Starting PP 01 of 2001

Note: Effective PP 26 of 1987 when retirement Code C and E employees reach maximum FICA wage in base pay, the employee retirement amount reverts to the Code 1 or 6 rate.

CSRS OFFSET LAW ENF/FIREFIGHTER CODE E

Year	Employee Share	VA Share	Empl % of VA	Remarks
1984-1986	1.8%	7.5%	24.00	Effective 1-1-84
1987-1989	1.44%	7.5%	19.20	Starting PP 21 of 1987
1990-1997	1.3%	7.5%	17.33	Starting PP 26 of 1989
1997-1998	1.3%	9.01%	14.43	Starting PP 21 of 1997
1999	1.55%	9.01%	17.20	Starting PP 01 of 1999
2000	1.70%	9.01%	18.87	Starting PP 01 of 2000
2001	1.3%	9.01%	14.43	Starting PP 01 of 2001

CSRS REEMPLOYED ANNUITANT CODE 9

Years and rates the same as Code 1 except **NO** VA Share

CSRS OFFSET REEMPLOYED ANNUITANT CODE 5

Years and rates the same as Code C except **NO** VA Share

6. SUMMARY

A. This memorandum provides instructions and examples for stations to use in the processing of corrected W-2s for tax year 2000. I hope you will find them of value when preparing VA Form 9997 and the required attachments.

B. If station personnel require additional information or assistance in the processing of these transactions, contact our Nationwide Help Desk at

512-460-5235. My staff of payroll subject matter experts is available to answer your questions on this topic or any payroll matter.

C. Please submit your suggestions regarding additional examples or improvement of this package to Beverly Poe at beverly.poe@mail.va.gov.

MARGARET PLANT
Associate Director
Payroll Operations & Integration Services Division

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED	STATION NO.	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input type="checkbox"/> PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. - -		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES				
	4. SOC SECURITY TAX WITHHELD				
	5. MEDICARE WAGES				
	6. MED. TAX WITHHELD				
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
	ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)
		OASDI WAGES			
		OASDI TAX WITHHELD			
MEDICARE WAGES					
MEDICARE TAX WITHHELD					
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4					
NORMAL HOURS	PAY BASIS	DUTY BASIS	COST CENTER	SUBACCOUNT	FTE EQUIVALENT
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT	DATE OF BIRTH	PAY PLAN	TYPE OF APPOINTMENT
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.)			SIGNATURE OF CERTIFYING OFFICER		DATE

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 104	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 111 - 22 - 3456		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) DOE, JOHN (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) 111-22-3457	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES				
	4. SOC SECURITY TAX WITHHELD				
	5. MEDICARE WAGES				
	6. MED. TAX WITHHELD				
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
21. LOCAL TAX WITHHELD					
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES				
	OASDI TAX WITHHELD				
	MEDICARE WAGES				
	MEDICARE TAX WITHHELD				
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4					
NORMAL HOURS 80	PAY BASIS 1	DUTY BASIS 1	COST CENTER 824300	SUBACCOUNT 01	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 06-10-50	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) TO CORRECT SSN ON W2			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/11/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 104	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 202 - 33 - 4404		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) DOE, JOHN (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) 202 - 33 - 4403	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$3,283.88	\$ 0.00	(\$3,283.88)	
	2. FED. INC. TAX WITHHELD	\$891.73	\$ 0.00	(\$891.73)	
	3. SOC. SECURITY WAGES	\$3,456.72	\$ 0.00	(\$3,456.72)	
	4. SOC SECURITY TAX WITHHELD	\$214.32	\$ 0.00	(\$214.32)	
	5. MEDICARE WAGES	\$3,456.72	\$ 0.00	(\$3,456.72)	
	6. MED. TAX WITHHELD	\$50.12	\$ 0.00	(\$50.12)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)	\$172.84	\$ 0.00	(\$172.84)	
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE 050000	\$3,283.88	\$ 0.00	(\$3,283.88)	
	18 STATE TAX WITHHELD	\$651.49	\$ 0.00	(\$651.49)	
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$3,456.72	\$ 0.00	(\$3,456.72)	
	OASDI TAX WITHHELD	\$214.32	\$ 0.00	(\$214.32)	
	MEDICARE WAGES	\$3,456.72	\$ 0.00	(\$3,456.72)	
	MEDICARE TAX WITHHELD	\$50.12	\$ 0.00	(\$50.12)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2	(\$1,771.36)	(\$109.82)	(\$1,771.36)	(\$25.68)	00160
3	(\$1,685.36)	(\$104.49)	(\$1,685.36)	(\$24.44)	00160
4					
4					
NORMAL HOURS 80	PAY BASIS 1	DUTY BASIS 1	COST CENTER 824300	SUBACCOUNT 01	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 06-10-50	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) TO COMBINE INFORMATION INTO ONE W2. EMPLOYEE WORKED UNDER 2 SSN'S.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/11/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 104	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 202 - 33 - 4404		EMPLOYER'S FEDERAL EIN 74-1612229F
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) DOE, JOHN (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$6,268.33	\$9,552.21	\$3,283.88	
	2. FED. INC. TAX WITHHELD	\$2,384.97	\$3,276.70	\$891.73	
	3. SOC. SECURITY WAGES	\$6,598.24	\$10,054.96	\$3,456.72	
	4. SOC SECURITY TAX WITHHELD	\$409.09	\$623.41	\$214.32	
	5. MEDICARE WAGES	\$6,598.24	\$10,054.96	\$3,456.72	
	6. MED. TAX WITHHELD	\$95.68	\$145.80	\$50.12	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)	\$329.91	\$502.75	\$172.84	
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE 510000	\$6,268.33	\$9,552.21	\$3,283.88	
	18 STATE TAX WITHHELD	\$1,007.21	\$1,658.70	\$651.49	
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$6,598.24	\$10,054.96	\$3,456.72	
	OASDI TAX WITHHELD	\$409.09	\$623.41	\$214.32	
	MEDICARE WAGES	\$6,598.24	\$10,054.96	\$3,456.72	
	MEDICARE TAX WITHHELD	\$95.68	\$145.80	\$50.12	
GTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2	\$1771.36	\$109.82	\$1771.36	\$25.68	00160
3	\$1685.36	\$104.50	\$1685.36	\$24.44	00160
4					
4					
NORMAL HOURS 80	PAY BASIS 1	DUTY BASIS 1	COST CENTER 824300	SUBACCOUNT 01	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 06-10-50	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) TO COMBINE INFORMATION INTO ONE W2. EMPLOYEE WORKED UNDER 2 SSN'S.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/11/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 104	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 333-33-3333		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Duley, Tom (Current Address)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$76,200.00	\$63,484.80	(\$12,715.20)	
	4. SOC SECURITY TAX WITHHELD	\$4,724.40	\$3,936.06	(\$788.34)	
	5. MEDICARE WAGES				
	6. MED. TAX WITHHELD				
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
18 STATE TAX WITHHELD					
20. LOCAL WAGE GSA CODE					
21. LOCAL TAX WITHHELD					
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$76,200.00	\$63,484.80	(\$12,715.20)	
	OASDI TAX WITHHELD	\$4724.40	\$3936.06	(\$788.34)	
	MEDICARE WAGES				
	MEDICARE TAX WITHHELD				
GTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	(\$12,715.20)	(\$788.34)			
NORMAL HOURS 80	PAY BASIS 1	DUTY BASIS 1	COST CENTER 188720	SUBACCOUNT 01	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 087	DATE OF BIRTH 09-21-69	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Employee paid \$788.34 OASDI tax with OASDI wage of \$12,715.20 While employed at Dept of Agriculture.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/11/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 200	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 123 - 45 - 6789		EMPLOYER'S FEDERAL EIN 74-1612229F
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Batman, James (Current Address)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)
	1. WAGES TIPS AND OTHER COMP	\$17,362.88	\$17,279.85	(\$83.03)
	2. FED. INC. TAX WITHHELD	\$1,475.70		
	3. SOC. SECURITY WAGES	\$19,012.76	\$18,924.48	(\$88.28)
	4. SOC SECURITY TAX WITHHELD	\$1,178.84	\$1,173.37	(\$5.47)
	5. MEDICARE WAGES	\$19,012.76	\$18,924.48	(\$88.28)
	6. MED. TAX WITHHELD	\$275.70	\$274.42	(\$1.28)
	9. ADVANCED EIC PAYMENT			
	13A. 401K(TSP) (D)	\$1,649.88	\$1,644.63	(\$5.25)
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)			
	14A TAXABLE MER (Moving Expenses Reimbursements)			
	14B TAXABLE EPV (Employer Provided Vehicle)			
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)			
	14D HTH-HEALTH BENEFIT (Non-taxable)	\$83.40	\$66.72	(\$16.68)
	17 STATE WAGE			
	18 STATE TAX WITHHELD			
	20. LOCAL WAGE GSA CODE			
	21. LOCAL TAX WITHHELD			

ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)
	OASDI WAGES	\$19,012.76	\$18,924.48	(\$88.28)
	OASDI TAX WITHHELD	\$1,178.14	\$1,173.37	(\$5.47)
	MEDICARE WAGES	\$19,012.76	\$18,924.48	(\$88.28)
	MEDICARE TAX WITHHELD	\$275.70	\$274.42	(\$1.28)

QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	(\$88.28)	(\$5.47)	(\$88.28)	(\$1.28)	

NORMAL HOURS 80	PAY BASIS A	DUTY BASIS 1	COST CENTER 194910	SUBACCOUNT 07	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 111	DATE OF BIRTH 12-12-43	PAY PLAN A	TYPE OF APPOINTMENT 1

REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.)

Cancel check-employee not entitled PP24/00. Bank returned funds.

SIGNATURE OF CERTIFYING OFFICER

Signature Required


DATE

2/11/03

Department of Veterans Affairs					NOTICE OF CHECK CANCELLATION OR CASH COLLECTION									
TO		VA FSC (104/0475B) AUSTIN, TX			NAME AND LOCATION OF PREPARING STATION AAC Austin, TX							Station No. 200		
NAME OF EMPLOYEE Batman, James					SOCIAL SECURITY NO. 123-45-6789		DATE OF BIRTH 12-12-43		CHECK NO.		DATE OF CHECK 12-12-00		SALARY RATE \$27,831.00	
FCP NO. 111	PAY PLAN A	TYPE APPT 1	PAY BASIS A	DUTY BASIS 1	NORMAL HOURS 80	EQUIVALENT MAN HOURS 0	COST CENTER 194910		SUBACCOUNT 07	PAY PERIOD OF OVERPAYMENT PP24/00				
TSP	STATUS Y	PERCENT 5	RESERVED			DIST. OF EMPLOYEE DEDUCTION				GOVERNMENT BASIC 1.05		GOVERNMENT MATCH 420		
STATUS (If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED						SEPARATION DAY NO.			O AND S STATION		T AND L UNIT NO. 123			
EARNINGS AND DEDUCTIONS DATA														
EARNINGS AND ALLOWANCES					AMOUNT		DEDUCTIONS					AMOUNT		
BASE PAY					\$98.32		OASDI TAX					\$5.47		
NIGHT DIFFERENTIAL							MEDICARE TAX					\$1.28		
HOLIDAY							FEDERAL TAX							
OVERTIME							PRIMARY STATE TAX			GSA CODE				
LUMP SUM							SECONDARY STATE TAX			GSA CODE				
STANDBY PREMIUM PAY							PRIMARY CITY TAX			GSA CODE				
ONCALL PAY							SECONDARY CITY TAX			GSA CODE				
PHYSICIAN/DENTIST PAY							BASIC LIFE INSURANCE			VA SHARE \$2.33		\$4.65		
SUNDAY PREMIUM PAY							ADDTL OPTL INSURANCE			CODE 9M6		\$26.04		
LIVING ALLOWANCE							STANDARD OPTIONAL LIFE INSURANCE							
UNIFORM ALLOWANCE							FAMILY LIFE INSURANCE							
EARNED INCOME CREDIT							HEALTH BENEFITS Pre-tax YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					\$16.68		
INCENTIVE AWARDS							SAVINGS BONDS							
SES AWARDS							GARAGE							
SATURDAY PREMIUM PAY							TAXABLE QUARTERS							
SPECIAL RATE BASE PAY							NONTAXABLE QUARTERS							
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME							SUBSISTENCE							
MOVING EXPENSES							PARKING FEES							
LOCALITY PAY					\$6.64		VOLUNTARY CONTRIBUTIONS			CFC CODE				
TOTAL EARNINGS AND ALLOWANCES					\$104.96		UNION DUES			UNION DUES CODE B999		\$10.59		
LESS-TOTAL DEDUCTIONS					\$71.22		POST 1956 MILITARY SERVICE DEPOSIT							
CASH COLLECTED OR NET PAY OF CHECK CANCELLED					\$33.74		THRIFT SAVINGS PLAN					\$5.25		
OF 1114 NO.		DATE OF OF1114 - -						RETIREMENT		CODE K	VA SHARE \$11.23	\$1.26		
VA FORM 4-1027 NO.		DATE OF VA FORM 4-1027 - -						RETIREMENT (RE-EMPLOYED ANNUITANTS)						
HEALTH BENEFITS CODE 104		VA SHARE OF HEALTH BENEFITS \$31.24						TRANSIT BENEFIT						
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS						
ACTION <input checked="" type="checkbox"/> CHECK CANCELED <input type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.				TOTAL DEDUCTIONS					\$71.22	
REASON FOR CANCELLATION OR COLLECTION Bank returned money per payroll request Employee not entitled to PP24/00 check. Bank returned funds.							TAXING AUTHORITY TO RECEIVE INFORMATION ONLY							
PREPARED BY Name required					DATE 2 - 10 - 01		SIGNATURE CHIEF FISCAL/FINANCE Signature required					DATE 2 - 10 - 01		

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 677	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 234 - 45 - 6789		EMPLOYER'S FEDERAL EIN 74-1612229F
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Batman, Jane (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS
Complete ONLY if previously reported information was incorrect 	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$23,066.69	\$23,025.53	(\$41.16)	
	2. FED. INC. TAX WITHHELD	\$1,915.71	\$1,902.03	(\$13.68)	
	3. SOC. SECURITY WAGES	\$25,424.38	\$25,372.37	(\$52.01)	
	4. SOC SECURITY TAX WITHHELD	\$1,576.31	\$1,573.09	(\$3.22)	
	5. MEDICARE WAGES	\$25,424.38	\$25,372.37	(\$52.01)	
	6. MED. TAX WITHHELD	\$368.65	\$367.90	(\$.75)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)	\$2,357.69	\$2,346.84	(\$10.85)	
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)	\$282.35	\$225.88	(\$56.47)	
	17 STATE WAGE 200000	\$23,066.69	\$23,025.53	(\$41.16)	
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$25,424.38	\$25,372.37	(\$52.01)	
	OASDI TAX WITHHELD	\$1,576.31	\$1,573.09	(\$3.22)	
	MEDICARE WAGES	\$25,424.38	\$25,372.37	(\$52.01)	
	MEDICARE TAX WITHHELD	\$368.65	\$367.90	(\$.75)	
GTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	(\$52.01)	(\$3.22)	(\$52.01)	(\$.75)	
NORMAL HOURS	PAY BASIS	DUTY BASIS	COST CENTER	SUBACCOUNT	FTE EQUIVALENT
80	1	1	822424	25	0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT	DATE OF BIRTH	PAY PLAN	TYPE OF APPOINTMENT
		212	02-14-65	A	1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Cancel check-employee not entitled PP24/00. No net for employee to Receive.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/11/03

Department of Veterans Affairs				NOTICE OF CHECK CANCELLATION OR CASH COLLECTION											
TO		VA FSC (104/0475B) AUSTIN, TX				NAME AND LOCATION OF PREPARING STATION VAMC Topeka, KS								Station No. 677	
NAME OF EMPLOYEE Batman, Jane						SOCIAL SECURITY NO. 234-45-6789		DATE OF BIRTH 2-14-65		CHECK NO.		DATE OF CHECK 12-12-00		SALARY RATE \$28,309.00	
FCP NO. 212	PAY PLAN A	TYPE APPT 1	PAY BASIS 1	DUTY BASIS 1	NORMAL HOURS 80	EQUIVALENT MAN HOURS 0		COST CENTER 822424		SUBACCOUNT 25		PAY PERIOD OF OVERPAYMENT PP24/00			
TSP	STATUS Y	PERCENT 10	RESERVED			DIST. OF EMPLOYEE DEDUCTION						GOVERNMENT BASIC		GOVERNMENT MATCH	
	GS	100%				FI		CS		1.08		4.34			
STATUS (If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED						SEPARATION DAY NO.		O AND S STATION		T AND L UNIT NO.					
EARNINGS AND DEDUCTIONS DATA															
EARNINGS AND ALLOWANCES					AMOUNT		DEDUCTIONS					AMOUNT			
BASE PAY					\$101.04		OASDI TAX					\$3.22			
NIGHT DIFFERENTIAL							MEDICARE TAX					\$.75			
HOLIDAY							FEDERAL TAX					13.68			
OVERTIME							PRIMARY STATE TAX			GSA CODE 200000					
LUMP SUM							SECONDARY STATE TAX			GSA CODE					
STANDBY PREMIUM PAY							PRIMARY CITY TAX			GSA CODE					
ONCALL PAY							SECONDARY CITY TAX			GSA CODE					
PHYSICIAN/DENTIST PAY							BASIC LIFE INSURANCE			VA SHARE \$2.41		\$4.81			
SUNDAY PREMIUM PAY							ADDTL OPTL INSURANCE			CODE 9M2		\$5.80			
LIVING ALLOWANCE							STANDARD OPTIONAL LIFE INSURANCE					.40			
UNIFORM ALLOWANCE							FAMILY LIFE INSURANCE					1.70			
EARNED INCOME CREDIT							HEALTH BENEFITS Pretax YES <input checked="" type="checkbox"/> No <input type="checkbox"/>					\$56.47			
INCENTIVE AWARDS							SAVINGS BONDS								
SES AWARDS							GARAGE								
SATURDAY PREMIUM PAY							TAXABLE QUARTERS								
SPECIAL RATE BASE PAY							NONTAXABLE QUARTERS								
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME							SUBSISTENCE								
MOVING EXPENSES							PARKING FEES								
LOCALITY PAY					\$7.44		VOLUNTARY CONTRIBUTIONS			CFC CODE					
TOTAL EARNINGS AND ALLOWANCES					\$108.48		UNION DUES			UNION DUES CODE A001		\$9.50			
LESS-TOTAL DEDUCTIONS					\$108.48		POST 1956 MILITARY SERVICE DEPOSIT								
CASH COLLECTED OR NET PAY OF CHECK CANCELLED					\$0.00		THRIFT SAVINGS PLAN					\$10.85			
OF 1114 NO.		DATE OF OF1114				RETIREMENT		CODE K	VA SHARE \$11.61		\$1.30				
VA FORM 4-1027 NO.		DATE OF VA FORM 4-1027				RETIREMENT (RE-EMPLOYED ANNUITANTS)									
HEALTH BENEFITS CODE 104		VA SHARE OF HEALTH BENEFITS		\$169.42		TRANSIT BENEFIT									
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS							
ACTION <input checked="" type="checkbox"/> CHECK CANCELED <input type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.				TOTAL DEDUCTIONS				\$108.48			
REASON FOR CANCELLATION OR COLLECTION Bank returned money per payroll request Employee not entitled to PP 24/00 zero net check							TAXING AUTHORITY TO RECEIVE INFORMATION ONLY								
PREPARED BY Name required					DATE 2 - 11 - 01		SIGNATURE CHIEF FISCAL/FINANCE Signature required					DATE 2 - 11 - 01			

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and Update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 540	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 103-12-1212		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) ELZNER, JACK (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$16,468.96	\$15,846.52	(\$622.44)	
	2. FED. INC. TAX WITHHELD	\$2,072.78	\$2,003.74	(\$69.04)	
	3. SOC. SECURITY WAGES	\$16,796.46	\$16,141.26	(\$655.20)	
	4. SOC SECURITY TAX WITHHELD	\$1,041.33	\$1,000.71	(\$40.62)	
	5. MEDICARE WAGES	\$16,796.46	\$16,141.26	(\$655.20)	
	6. MED. TAX WITHHELD	\$243.53	\$234.03	(\$9.50)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)	\$327.50	\$ 294.74	(\$32.76)	
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN- TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE 540000	\$16,468.96	\$15,846.52	(\$622.44)	
	18 STATE TAX WITHHELD	\$558.71	\$ 540.21	(\$18.50)	
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$16,796.46	\$16,141.26	(\$655.20)	
	OASDI TAX WITHHELD	\$1,041.33	\$1,000.71	(\$40.62)	
	MEDICARE WAGES	\$16,796.46	\$16,141.26	(\$655.20)	
	MEDICARE TAX WITHHELD	\$243.53	\$ 234.03	(\$9.50)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2	(\$655.20)	(\$40.62)	(\$655.20)	(\$9.50)	
3					
4					
4					
NORMAL HOURS 80	PAY BASIS 2	DUTY BASIS 1	COST CENTER 899056	SUBACCOUNT 00	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 000	DATE OF BIRTH 07-14-47	PAY PLAN 5	TYPE OF APPOINTMENT 7
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Employee received pay for PP 5 2000. On LWOP and not entitled. Paid back On 7-7-00. Payroll was not notified			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

Department of Veterans Affairs					NOTICE OF CHECK CANCELLATION OR CASH COLLECTION										
TO		VA FSC (104/0475B1 AUSTIN, TX				NAME AND LOCATION OF PREPARING STATION VAMC WEST VIRGINIA							STATION NO. 540		
NAME OF EMPLOYEE ELZNER, JACK					SOCIAL SECURITY NO. 103-12-1212			DATE OF BIRTH 07-14-47		CHECK NO.		DATE OF CHECK 3-21-00		SALARY RATE \$8.41	
FCP NO. 000		PAY PLAN 5	TYPE APPT 7	PAY BASIS 2	DUTY BASIS 1	NORMAL HOURS 80		EQUIVALENT MAN HOURS 0		COST CENTER 899056		SUBACCOUNT 00		PAY PERIOD OF OVERPAYMENT PP5/00	
TSP		STATUS Y	PERCENT 5	RESERVED		DIST. OF EMPLOYEE DEDUCTION						GOVERNMENT BASIC		GOVERNMENT MATCH	
						GS		50%		FI		CS		50%	
												\$6.55		\$26.21	
STATUS (If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED					SEPARATION DAY NO.					O AND S STATION			T AND L UNIT NO. 239		
EARNINGS AND DEDUCTIONS DATA															
EARNINGS AND ALLOWANCES					AMOUNT		DEDUCTIONS					AMOUNT			
BASE PAY					\$655.20		OASDI TAX					\$40.62			
NIGHT DIFFERENTIAL							MEDICARE TAX					\$9.50			
HOLIDAY							FEDERAL TAX					\$69.04			
OVERTIME							PRIMARY STATE TAX			GSA CODE 540000		\$18.50			
LUMP SUM							SECONDARY STATE TAX			GSA CODE					
STANDBY PREMIUM PAY							PRIMARY CITY TAX			GSA CODE					
ONCALL PAY							SECONDARY CITY TAX			GSA CODE					
PHYSICIAN/DENTIST PAY							BASIC LIFE INSURANCE					VA SHARE			
SUNDAY PREMIUM PAY							ADDTL OPTL INSURANCE			CODE					
LIVING ALLOWANCE							STANDARD OPTIONAL LIFE INSURANCE								
UNIFORM ALLOWANCE							FAMILY LIFE INSURANCE								
EARNED INCOME CREDIT							HEALTH BENEFITS Pre-tax YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					\$66.78			
INCENTIVE AWARDS							SAVINGS BONDS								
SES AWARDS							GARAGE								
SATURDAY PREMIUM PAY							TAXABLE QUARTERS								
SPECIAL RATE BASE PAY							NONTAXABLE QUARTERS								
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME							SUBSISTENCE								
MOVING EXPENSES							PARKING FEES								
							VOLUNTARY CONTRIBUTIONS			CFC CODE					
TOTAL EARNINGS AND ALLOWANCES					\$655.20		UNION DUES			UNION DUES CODE A001		13.50			
LESS-TOTAL DEDUCTIONS					\$258.56		POST 1956 MILITARY SERVICE DEPOSIT								
CASH COLLECTED OR NET PAY OF CHECK CANCELLED					\$396.64		THRIFT SAVINGS PLAN					\$32.76			
OF 1114 NO. K0B5360		DATE OF CF 1114 4-5-00					RETIREMENT		CODE K		VA SHARE \$70.11		\$7.86		
VA FORM 4-1027 NO. B11957209		DATE OF VA FORM 4-1027 7-7-00					RETIREMENT (RE-EMPLOYED ANNUITANTS)								
HEALTH BENEFITS CODE 105		VA SHARE OF HEALTH BENEFITS \$142.27					TRANSIT BENEFIT								
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS							
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.				TOTAL DEDUCTIONS					\$258.56		
REASON FOR CANCELLATION OR COLLECTION Not entitled to PP 5 2000 check							TAXING AUTHORITY TO RECEIVE INFORMATION ONLY								
PREPARED BY Name Required				DATE 2 - 11 - 01				SIGNATURE CHIEF FISCAL/FINANCE Signature Required					DATE 2 - 11 - 01		

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and Update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 600	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 222 - 22 - 2222		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Gump, Forest (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$29,656.08	\$28,521.68	(\$1,134.40)	
	2. FED. INC. TAX WITHHELD	\$3,103.60	\$2,940.51	(\$163.09)	
	3. SOC. SECURITY WAGES	\$31,736.08	\$30,521.68	(\$1,214.40)	
	4. SOC SECURITY TAX WITHHELD	\$1,967.59	\$1,892.30	(\$75.29)	
	5. MEDICARE WAGES	\$31,736.08	\$30,521.68	(\$1,214.40)	
	6. MED. TAX WITHHELD	\$460.18	\$ 442.57	(\$17.61)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)	\$2,080.00	\$ 2,000.00	(\$80.00)	
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN- TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE 060000	\$29,656.08	\$28,521.68	(\$1,134.40)	
	18 STATE TAX WITHHELD	\$246.15	\$219.14	(\$27.01)	
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$31,736.08	\$30,521.68	(\$1,214.40)	
	OASDI TAX WITHHELD	\$1,967.59	\$1,892.30	(\$75.29)	
	MEDICARE WAGES	\$31,736.08	\$30,521.68	(\$1,214.40)	
	MEDICARE TAX WITHHELD	\$460.18	\$ 442.57	(\$17.61)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3	(\$1,214.40)	(\$75.29)	(\$1,214.40)	(\$17.61)	00160
4					
4					
NORMAL HOURS 80	PAY BASIS D	DUTY BASIS 1	COST CENTER 824221	SUBACCOUNT 65	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 509	DATE OF BIRTH 04-03-55	PAY PLAN A	TYPE OF APPOINTMENT 5
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) OWCP LEAVE BUYBACK PP14/00. OWCP paid 12-22-00 & employee paid 12-29-00.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

Department of Veterans Affairs				NOTICE OF CHECK CANCELLATION OR CASH COLLECTION															
TO		VA FSC (104/0475B) AUSTIN, TX				NAME AND LOCATION OF PREPARING STATION VAMC Long Beach, CA								Station No. 600					
NAME OF EMPLOYEE Gump, Forest						SOCIAL SECURITY NO. 222-22-2222			DATE OF BIRTH 04-03-55			CHECK NO.		DATE OF CHECK 7-25-00		SALARY RATE \$31,688.00			
FCP NO. 509		PAY PLAN A		TYPE APPT 5		PAY BASIS D		DUTY BASIS 1		NORMAL HOURS 80		EQUIVALENT MAN HOURS 0		COST CENTER 824221		SUBACCOUNT 65		PAY PERIOD OF OVERPAYMENT PP 1400	
TSP		STATUS Y		PERCENT \$80.00		RESERVED		DIST. OF EMPLOYEE DEDUCTION						GOVERNMENT BASIC		GOVERNMENT MATCH			
		GS		50%		FI		CS		50%		\$12.14		\$48.58					
STATUS (If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED																			
SEPARATION DAY NO.																			
O AND S STATION																			
T AND L UNIT NO. 239																			
EARNINGS AND DEDUCTIONS DATA																			
EARNINGS AND ALLOWANCES								AMOUNT		DEDUCTIONS						AMOUNT			
BASE PAY								\$819.20		OASDI TAX						\$75.29			
NIGHT DIFFERENTIAL										MEDICARE TAX						\$17.61			
HOLIDAY										FEDERAL TAX						\$163.09			
OVERTIME										PRIMARY STATE TAX				GSA CODE 060000		\$27.01			
LUMP SUM										SECONDARY STATE TAX				GSA CODE					
STANDBY PREMIUM PAY										PRIMARY CITY TAX				GSA CODE					
ONCALL PAY										SECONDARY CITY TAX				GSA CODE					
PHYSICIAN/DENTIST PAY										BASIC LIFE INSURANCE				VA SHARE \$2.64		\$5.27			
SUNDAY PREMIUM PAY										ADDTL OPTL INSURANCE				CODE					
LIVING ALLOWANCE										STANDARD OPTIONAL LIFE INSURANCE									
UNIFORM ALLOWANCE										FAMILY LIFE INSURANCE									
EARNED INCOME CREDIT										HEALTH BENEFITS Pre-tax YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						\$30.04			
INCENTIVE AWARDS										SAVINGS BONDS									
SES AWARDS										GARAGE									
SATURDAY PREMIUM PAY										TAXABLE QUARTERS									
SPECIAL RATE BASE PAY								\$395.20		NONTAXABLE QUARTERS									
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME										SUBSISTENCE									
MOVING EXPENSES										PARKING FEES									
LOCALITY PAY										VOLUNTARY CONTRIBUTIONS				CFC CODE					
TOTAL EARNINGS AND ALLOWANCES								\$1,214.40		UNION DUES				UNION DUES CODE B999		\$10.00			
LESS-TOTAL DEDUCTIONS								\$422.88		POST 1956 MILITARY SERVICE DEPOSIT									
CASH COLLECTED OR NET PAY OF CHECK CANCELLED								\$791.52		THRIFT SAVINGS PLAN						\$80.00			
OF 1114 NO. K0B5360				DATE OF OF 1114 12-22-00				RETIREMENT				CODE K		VA SHARE \$12994		\$14.57			
VA FORM 4-1027 NO. C11957209				DATE OF VA FORM 4-1027 12-22-00 & 12-29-00				RETIREMENT (RE-EMPLOYED ANNUITANTS)											
HEALTH BENEFITS CODE 104				VA SHARE OF HEALTH BENEFITS \$78.83				TRANSIT BENEFIT											
FUND OR APPROPRIATION SYMBOL 00160				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS											
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.				TOTAL DEDUCTIONS						\$422.88					
REASON FOR CANCELLATION OR COLLECTION QWCP Leave Buy back PP 14/00								TAXING AUTHORITY TO RECEIVE INFORMATION ONLY											
PREPARED BY Name Required								DATE 02 - 11 - 01		SIGNATURE CHIEF FISCAL/FINANCE Signature Required						DATE 02 - 11 - 01			

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 200	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 123 - 12 - 6789		EMPLOYER'S FEDERAL EIN 74-1612229F
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) James, Robin (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$17,362.88	\$17,279.85	(\$83.03)	
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$19,012.76	\$18,924.48	(\$88.28)	
	4. SOC SECURITY TAX WITHHELD	\$1,178.84	\$1,173.37	(\$5.47)	
	5. MEDICARE WAGES	\$19,012.76	\$18,924.48	(\$88.28)	
	6. MED. TAX WITHHELD	\$275.70	\$274.42	(\$1.28)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)	\$1,649.88	\$1,644.63	(\$5.25)	
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)	\$83.40	\$66.72	(\$16.68)	
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$19,012.76	\$18,924.48	(\$88.28)	
	OASDI TAX WITHHELD	\$1,178.14	\$1,173.37	(\$5.47)	
	MEDICARE WAGES	\$19,012.76	\$18,924.48	(\$88.28)	
	MEDICARE TAX WITHHELD	\$275.70	\$274.42	(\$1.28)	
GTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	(\$88.28)	(\$5.47)	(\$88.28)	(\$1.28)	
NORMAL HOURS 80	PAY BASIS A	DUTY BASIS 1	COST CENTER 194910	SUBACCOUNT 07	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 111	DATE OF BIRTH 12-12-43	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Cash collection-employee not entitled PP24/00. Employee paid bill on 12-27-00.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

Department of Veterans Affairs					NOTICE OF CHECK CANCELLATION OR CASH COLLECTION										
TO		VA FSC (104/0475B) AUSTIN, TX			NAME AND LOCATION OF PREPARING STATION AAC Austin, TX							Station No. 200			
NAME OF EMPLOYEE James, Robin					SOCIAL SECURITY NO. 123-12-6789		DATE OF BIRTH 12-12-43		CHECK NO.		DATE OF CHECK 12-12-00		SALARY RATE \$27,831.00		
FCP NO. 111		PLAN A	TYPE APPT 1	PAY BASIS A	DUTY BASIS 1	NORMAL HOURS 80		EQUIVALENT MAN HOURS 0		COST CENTER 194910		SUBCENT 07	PAY PERIOD OF OVERPAYMENT PP24/00		
TSP		STATUS Y	PERCENT 5	RESERVED		DIST. OF EMPLOYEE DEDUCTION						GOVERNMENT BASIC 1.05		GOVERNMENT MATCH 420	
						GS		100%		FI		CS			
STATUS (If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED					SEPARATION DAY NO.					O AND S STATION		T AND L UNIT NO. 123			
EARNINGS AND DEDUCTIONS DATA															
EARNINGS AND ALLOWANCES					AMOUNT		DEDUCTIONS					AMOUNT			
BASE PAY					\$98.32		OASDI TAX					\$5.47			
NIGHT DIFFERENTIAL							MEDICARE TAX					\$1.28			
HOLIDAY							FEDERAL TAX								
OVERTIME							PRIMARY STATE TAX			GSA CODE					
LUMP SUM							SECONDARY STATE TAX			GSA CODE					
STANDBY PREMIUM PAY							PRIMARY CITY TAX			GSA CODE					
ONCALL PAY							SECONDARY CITY TAX			GSA CODE					
PHYSICIAN/DENTIST PAY							BASIC LIFE INSURANCE			VA SHARE \$2.33		\$4.65			
SUNDAY PREMIUM PAY							ADDTL OPTL INSURANCE			CODE 9M6		\$26.04			
LIVING ALLOWANCE							STANDARD OPTIONAL LIFE INSURANCE								
UNIFORM ALLOWANCE							FAMILY LIFE INSURANCE								
EARNED INCOME CREDIT							HEALTH BENEFITS Pre-tax YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					\$16.68			
INCENTIVE AWARDS							SAVINGS BONDS								
SES AWARDS							GARAGE								
SATURDAY PREMIUM PAY							TAXABLE QUARTERS								
SPECIAL RATE BASE PAY							NONTAXABLE QUARTERS								
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME							SUBSISTENCE								
MOVING EXPENSES							PARKING FEES								
LOCALITY PAY					\$6.64		VOLUNTARY CONTRIBUTIONS			CFC CODE					
TOTAL EARNINGS AND ALLOWANCES					\$104.96		UNION DUES			UNION DUES CODE B999		\$10.59			
LESS-TOTAL DEDUCTIONS					\$71.22		POST 1956 MILITARY SERVICE DEPOSIT								
CASH COLLECTED OR NET PAY OF CHECK CANCELLED					\$33.74		THRIFT SAVINGS PLAN					\$5.25			
OF 1114 NO. K0B1234		DATE OF OF1114 12-05-00					RETIREMENT		CODE K		VA SHARE \$11.23		\$1.26		
VA FORM 4-1027 NO. C12345678		DATE OF VA FORM 4-1027 12-27-00 -					RETIREMENT (RE-EMPLOYED ANNUITANTS)								
HEALTH BENEFITS CODE 104		VA SHARE OF HEALTH BENEFITS \$31.24					TRANSIT BENEFIT								
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS							
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.				TOTAL DEDUCTIONS					\$71.22		
REASON FOR CANCELLATION OR COLLECTION Bank returned money per payroll request Employee not entitled to PP 24/00 pay. Paid bill on 12-27-00.							TAXING AUTHORITY TO RECEIVE INFORMATION ONLY								
PREPARED BY Name required					DATE 2 - 10 - 01		SIGNATURE CHIEF FISCAL/FINANCE Signature required					DATE 2 - 10 - 01			

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and Update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 540	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 123 - 33 - 4567		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Doe, Jane (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$16,796.46	\$16,141.26	(\$655.20)	
	4. SOC SECURITY TAX WITHHELD	\$1,041.33	\$1,000.71	(\$40.62)	
	5. MEDICARE WAGES	\$16,796.46	\$16,141.26	(\$655.20)	
	6. MED. TAX WITHHELD	\$243.53	\$234.03	(\$9.50)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN- TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
18 STATE TAX WITHHELD					
20. LOCAL WAGE GSA CODE					
21. LOCAL TAX WITHHELD					
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$16,796.46	\$16,141.26	(\$655.20)	
	OASDI TAX WITHHELD	\$1,041.33	\$1,000.71	(\$40.62)	
	MEDICARE WAGES	\$16,796.46	\$16,141.26	(\$655.20)	
	MEDICARE TAX WITHHELD	\$243.53	\$ 234.03	(\$9.50)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2	(\$655.20)	(\$40.62)	(\$655.20)	(\$9.50)	
3					
4					
4					
NORMAL HOURS 80	PAY BASIS 2	DUTY BASIS 1	COST CENTER 899056	SUBACCOUNT 00	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 000	DATE OF BIRTH 07-14-47	PAY PLAN 5	TYPE OF APPOINTMENT 7
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Employee received pay for PP 5 2000. On LWOP and not entitled. Paid back 01-05-01.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

Department of Veterans Affairs					NOTICE OF CHECK CANCELLATION OR CASH COLLECTION									
TO		VA FSC (104/0475B1 AUSTIN, TX			NAME AND LOCATION OF PREPARING STATION VAMC WEST VIRGINIA							STATION NO. 540		
NAME OF EMPLOYEE Doe, Jane					SOCIAL SECURITY NO. 123-33-4567		DATE OF BIRTH 07-14-47		CHECK NO.		DATE OF CHECK 3-21-00		SALARY RATE \$8.41	
FCP NO. 000	PWPLAN 5	TYPE APPT 7	PAY BASIS 2	DUTY BASIS 1	NORMAL HOURS 80		EQUIVALENT MAN HOURS 0		COST CENTER 899056		SUBACCOUNT 00		PAY PERIOD OF OVERPAYMENT PP500	
TSP	STATUS Y	PERCENT 5	RESERVED		DIST. OF EMPLOYEE DEDUCTION						GOVERNMENT BASIC		GOVERNMENT MATCH	
					CS	50%	FI		CS	50%	\$6.55		\$26.21	
STATUS (If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED					SEPARATION DAY NO.				O AND S STATION		T AND L UNIT NO. 239			
EARNINGS AND DEDUCTIONS DATA														
EARNINGS AND ALLOWANCES					AMOUNT		DEDUCTIONS					AMOUNT		
BASE PAY					\$655.20		OASDI TAX					\$40.62		
NIGHT DIFFERENTIAL							MEDICARE TAX					\$9.50		
HOLIDAY							FEDERAL TAX							
OVERTIME							PRIMARY STATE TAX			GSA CODE				
LUMP SUM							SECONDARY STATE TAX			GSA CODE				
STANDBY PREMIUM PAY							PRIMARY CITY TAX			GSA CODE				
ONCALL PAY							SECONDARY CITY TAX			GSA CODE				
PHYSICIAN/DENTIST PAY							BASIC LIFE INSURANCE					VA SHARE		
SUNDAY PREMIUM PAY							ADDTL OPTL INSURANCE			CODE				
LIVING ALLOWANCE							STANDARD OPTIONAL LIFE INSURANCE							
UNIFORM ALLOWANCE							FAMILY LIFE INSURANCE							
EARNED INCOME CREDIT							HEALTH BENEFITS Pre-tax YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					\$66.78		
INCENTIVE AWARDS							SAVINGS BONDS							
SES AWARDS							GARAGE							
SATURDAY PREMIUM PAY							TAXABLE QUARTERS							
SPECIAL RATE BASE PAY							NONTAXABLE QUARTERS							
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME							SUBSISTENCE							
MOVING EXPENSES							PARKING FEES							
							VOLUNTARY CONTRIBUTIONS			CFC CODE				
TOTAL EARNINGS AND ALLOWANCES					\$655.20		UNION DUES			UNION DUES CODE A001		13.50		
LESS-TOTAL DEDUCTIONS					\$171.02		POST 1956 MILITARY SERVICE DEPOSIT							
CASH COLLECTED OR NET PAY OF CHECK CANCELLED					\$484.18		THRIFT SAVINGS PLAN					\$32.76		
OF 1114 NO. K0B5360		DATE OF CF 1114 4-5-00					RETIREMENT		CODE K	VA SHARE \$70.11		\$7.86		
VA FORM 4-1027 NO. B11957209		DATE OF VA FORM 4-1027 01-05-01					RETIREMENT (RE-EMPLOYED ANNUITANTS)							
HEALTH BENEFITS CODE 105		VA SHARE OF HEALTH BENEFITS \$142.27					TRANSIT BENEFIT							
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS						
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.		TOTAL DEDUCTIONS					\$171.02			
REASON FOR CANCELLATION OR COLLECTION Not entitled to PP 5 2000 check						TAXING AUTHORITY TO RECEIVE INFORMATION ONLY								
PREPARED BY Name Required				DATE 2 - 11 - 01		SIGNATURE CHIEF FISCAL/FINANCE Signature Required					DATE 2 - 11 - 01			

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and Update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 600	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 444 - 44 - 4444		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Gump, Jane (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$31,736.08	\$30,521.68	(\$1,214.40)	
	4. SOC SECURITY TAX WITHHELD	\$1,967.59	\$1,892.30	(\$75.29)	
	5. MEDICARE WAGES	\$31,736.08	\$30,521.68	(\$1,214.40)	
	6. MED. TAX WITHHELD	\$460.18	\$ 442.57	(\$17.61)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN- TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$31,736.08	\$30,521.68	(\$1,214.40)	
	OASDI TAX WITHHELD	\$1,967.59	\$1,892.30	(\$75.29)	
	MEDICARE WAGES	\$31,736.08	\$30,521.68	(\$1,214.40)	
	MEDICARE TAX WITHHELD	\$460.18	\$ 442.57	(\$17.61)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3	(\$1,214.40)	(\$75.29)	(\$1,214.40)	(\$17.61)	00160
4					
4					
NORMAL HOURS 80	PAY BASIS D	DUTY BASIS 1	COST CENTER 824221	SUBACCOUNT 65	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 509	DATE OF BIRTH 04-03-55	PAY PLAN A	TYPE OF APPOINTMENT 5
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) OWCP LEAVE BUYBACK PP14/00. OWCP paid 01-05-01 & employee paid 01-09-01.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

Department of Veterans Affairs					NOTICE OF CHECK CANCELLATION OR CASH COLLECTION									
TO		VA FSC (104/0475B) AUSTIN, TX			NAME AND LOCATION OF PREPARING STATION VAMC Long Beach, CA							600		
NAME OF EMPLOYEE Gump, Jane					SOCIAL SECURITY NO. 444-44-4444		DATE OF BIRTH 04-03-55		CHECK NO.		DATE OF CHECK 7-25-00		SALARY RATE \$31,688.00	
FCP NO. 509	PWPLAN A	TYPE APPT 5	PAY BASIS D	DUTY BASIS 1	NORMAL HOURS 80	EQUIVALENT MAN HOURS 0	COST CENTER 824221		SUBUNIT 65	PAY PERIOD OF OVERPAYMENT PP 1400				
TSP	STATUS Y	PERCENT T \$80.00	RESERVED	DIST. OF EMPLOYEE DEDUCTION						GOVERNMENT BASIC		GOVERNMENT MATCH		
				GS	50%	FI		CS	50%	\$12.14		\$48.58		
STATUS (If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED					SEPARATION DAY NO.			O AND S STATION		T AND L UNIT NO. 239				
EARNINGS AND DEDUCTIONS DATA														
EARNINGS AND ALLOWANCES				AMOUNT		DEDUCTIONS				AMOUNT				
BASE PAY				\$819.20		OASDI TAX				\$75.29				
NIGHT DIFFERENTIAL						MEDICARE TAX				\$17.61				
HOLIDAY						FEDERAL TAX								
OVERTIME						PRIMARY STATE TAX		GSA CODE						
LUMP SUM						SECONDARY STATE TAX		GSA CODE						
STANDBY PREMIUM PAY						PRIMARY CITY TAX		GSA CODE						
ONCALL PAY						SECONDARY CITY TAX		GSA CODE						
PHYSICIAN/DENTIST PAY						BASIC LIFE INSURANCE		VA SHARE \$2.64		\$5.27				
SUNDAY PREMIUM PAY						ADDTL OPTL INSURANCE		CODE						
LIVING ALLOWANCE						STANDARD OPTIONAL LIFE INSURANCE								
UNIFORM ALLOWANCE						FAMILY LIFE INSURANCE								
EARNED INCOME CREDIT						HEALTH BENEFITS Pre-tax YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				\$30.04				
INCENTIVE AWARDS						SAVINGS BONDS								
SES AWARDS						GARAGE								
SATURDAY PREMIUM PAY						TAXABLE QUARTERS								
SPECIAL RATE BASE PAY				\$395.20		NONTAXABLE QUARTERS								
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME						SUBSISTENCE								
MOVING EXPENSES						PARKING FEES								
LOCALITY PAY						VOLUNTARY CONTRIBUTIONS		CFC CODE						
TOTAL EARNINGS AND ALLOWANCES				\$1,214.40		UNION DUES		UNION DUES CODE B999		\$10.00				
LESS-TOTAL DEDUCTIONS				\$232.78		POST 1956 MILITARY SERVICE DEPOSIT								
CASH COLLECTED OR NET PAY OF CHECK CANCELLED				\$981.62		THRIFT SAVINGS PLAN				\$80.00				
OF 1114 NO. K0B5360		DATE OF OF 1114 12-22-00				RETIREMENT		CODE K	VA SHARE \$129.94		\$14.57			
VA FORM 4-1027 NO. C11957209		DATE OF VA FORM 4-1027 01-05-01 \$ 01-09-01				RETIREMENT (RE-EMPLOYED ANNUITANTS)								
HEALTH BENEFITS CODE 104		VA SHARE OF HEALTH BENEFITS \$78.83				TRANSIT BENEFIT								
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY		OTHER DEDUCTIONS								
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.		TOTAL DEDUCTIONS				\$232.78				
REASON FOR CANCELLATION OR COLLECTION QWCP Leave Buy back PP 14/00						TAXING AUTHORITY TO RECEIVE INFORMATION ONLY								
PREPARED BY				DATE		SIGNATURE CHIEF FISCAL/FINANCE				DATE				
Name Required				02 - 11 - 01		Signature Required				02 - 11 - 01				

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 662	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 555 - 55 - 5555		EMPLOYER'S FEDERAL EIN 74-1612229F
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Duck, Donald (current address)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$37,396.28	\$38,837.90	\$1,441.62	
	2. FED. INC. TAX WITHHELD	\$2,833.46	\$2,905.18	\$71.72	
	3. SOC. SECURITY WAGES	\$38,021.28	\$39,487.90	\$1,466.62	
	4. SOC SECURITY TAX WITHHELD	\$2,357.33	\$2,448.26	\$90.93	
	5. MEDICARE WAGES	\$38,021.28	\$39,487.90	\$1,466.62	
	6. MED. TAX WITHHELD	\$551.30	\$572.57	\$21.27	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)	\$625.00	\$650.00	\$25.00	
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)	\$206.88	\$258.60	\$51.72	
	17 STATE WAGE 060000	\$37,396.28	\$38,837.90	\$1,441.62	
	18 STATE TAX WITHHELD	\$1,235.47	\$1,283.69	\$48.22	
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$38,021.28	\$39,487.90	\$1,466.62	
	OASDI TAX WITHHELD	\$2,357.33	\$2,448.26	\$90.93	
	MEDICARE WAGES	\$38,021.28	\$39,487.90	\$1,466.62	
	MEDICARE TAX WITHHELD	\$551.30	\$572.57	\$21.27	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	\$1,466.62	\$90.93	\$1,466.62	\$21.27	
NORMAL HOURS	PAY BASIS	DUTY BASIS	COST CENTER	SUBACCOUNT	FTE EQUIVALENT
80	D	1	841325	02	0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT	DATE OF BIRTH	PAY PLAN	TYPE OF APPOINTMENT
		012	08-25-67	A	1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Record draft payment for pay period 23/00.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 586	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 444 - 11 - 4444		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) MCDONALD, RONALD (CURRENT ADDRESS)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$42,204.20	\$43,204.20	\$1,000.00	
	2. FED. INC. TAX WITHHELD	\$9,529.74	\$9,729.74	\$200.00	
	3. SOC. SECURITY WAGES	\$42,204.20	\$43,204.20	\$1,000.00	
	4. SOC SECURITY TAX WITHHELD	\$2,616.66	\$2,678.66	\$62.00	
	5. MEDICARE WAGES	\$42,204.20	\$43,204.20	\$1,000.00	
	6. MED. TAX WITHHELD	\$611.96	\$ 626.46	\$14.50	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE 320000	\$42,204.20	\$43,204.20	\$1,000.00	
	18 STATE TAX WITHHELD	\$5,108.69	\$5,148.69	\$40.00	
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$42,204.20	\$43,204.20	\$1,000.00	
	OASDI TAX WITHHELD	\$2,616.66	\$2,678.66	\$62.00	
	MEDICARE WAGES	\$42,204.20	\$43,204.20	\$1,000.00	
	MEDICARE TAX WITHHELD	\$611.96	\$ 626.46	\$14.50	
GTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	\$1,000.00	\$62.00	\$1,000.00	\$14.50	
NORMAL HOURS 80	PAY BASIS 1	DUTY BASIS 1	COST CENTER 826221	SUBACCOUNT 34	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 08-23-52	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Cash award given to employee on 12-23-00. Not recorded on W-2.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 691	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 777-77-7777		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Boop, Betty (current address)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$10,380.98	\$10,333.83	(\$47.15)	
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$10,380.98	\$10,333.83	(\$47.15)	
	4. SOC SECURITY TAX WITHHELD	\$643.62	\$640.70	(\$2.92)	
	5. MEDICARE WAGES	\$10,380.98	\$10,333.83	(\$47.15)	
	6. MED. TAX WITHHELD	\$150.52	\$149.84	(\$.68)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)	\$188.60	\$235.75	\$47.15	
	17 STATE WAGE 060000	\$10,380.98	\$10,333.83	(\$47.15)	
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$10,380.98	\$10,333.83	(\$47.15)	
	OASDI TAX WITHHELD	\$643.62	\$640.70	(\$2.92)	
	MEDICARE WAGES	\$10,380.98	\$10,333.83	(\$47.15)	
	MEDICARE TAX WITHHELD	\$150.52	\$149.84	(\$.68)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	(\$47.15)	(\$2.92)	(\$47.15)	(\$.68)	
NORMAL HOURS	PAY BASIS	DUTY BASIS	COST CENTER	SUBACCOUNT	FTE EQUIVALENT
80	D	1	841325	02	0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT	DATE OF BIRTH	PAY PLAN	TYPE OF APPOINTMENT
		012	01-23-75	A	1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Draft payment for pay period 22 recorded but pre-tax health benefit was not given. Employee is entitled to pre-tax benefit.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 583	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 333-11-5555		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Duck, Daffy (current address)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP	\$25,291.50	\$25,333.05	\$41.55	
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$25,291.50	\$25,333.05	\$41.55	
	4. SOC SECURITY TAX WITHHELD	\$1,568.07	\$1,570.65	\$2.58	
	5. MEDICARE WAGES	\$25,291.50	\$25,333.05	\$41.56	
	6. MED. TAX WITHHELD	\$366.73	\$367.33	\$.60	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)	\$41.55	\$0.00	(\$41.55)	
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE 180000	\$25,291.50	\$25,333.05	\$41.55	
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
	ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)
		OASDI WAGES	\$25,291.50	\$25,333.05	\$41.55
OASDI TAX WITHHELD		\$1,568.07	\$1,570.65	\$2.68	
MEDICARE WAGES		\$25,291.50	\$25,333.05	\$41.55	
MEDICARE TAX WITHHELD		\$366.73	\$367.33	\$.60	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	\$41.55	\$2.58	\$41.55	\$.60	
NORMAL HOURS 80	PAY BASIS A	DUTY BASIS 1	COST CENTER 828620	SUBACCOUNT 02	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 05-10-55	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Transit benefit money refunded to employee. "Fare Media" not received.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 313	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 555-55-3333		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Tracy, Jane (current address)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$23,751.20	\$0.00	(\$23,751.20)	
	4. SOC SECURITY TAX WITHHELD	\$1,472.57	\$0.00	(\$1,472.57)	
	5. MEDICARE WAGES				
	6. MED. TAX WITHHELD				
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$23,751.20	\$0.00	(\$23,751.20)	
	OASDI TAX WITHHELD	\$1,472.57	\$0.00	(\$1,472.57)	
	MEDICARE WAGES				
	MEDICARE TAX WITHHELD				
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3	(\$8,636.80)	(\$535.48)			00151
4	(\$3,238.80)	(\$200.81)			00151
4	(\$11,875.60)	(\$736.28)			10151
NORMAL HOURS 80	PAY BASIS 1	DUTY BASIS 1	COST CENTER 308021	SUBACCOUNT 17	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 013	DATE OF BIRTH 2-24-41	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Retirement correction from C to 1. Effective date of change 7-16-00.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and Update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 546	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> X PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION	
EMPLOYEE'S CURRENT SOCIAL SECURITY NO. 111-22-1111		EMPLOYER'S FEDERAL EIN 74-1612229F	
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Tucker, Tom (Current Address)		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS	
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)	

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$0.00	\$50,435.57	\$50,435.57	
	4. SOC SECURITY TAX WITHHELD	\$0.00	\$3,127.01	\$3,127.01	
	5. MEDICARE WAGES				
	6. MED. TAX WITHHELD				
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employer Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$ 0.00	\$50,435.57	\$50,435.57	
	OASDI TAX WITHHELD	\$ 0.00	\$3,127.01	\$3,127.01	
	MEDICARE WAGES				
	MEDICARE TAX WITHHELD				
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1	\$11,638.98	\$721.62			00151
2	\$11,638.98	\$721.62			00151
3	\$11,638.98	\$721.62			00151
4	\$3,879.86	\$240.55			00151
4	\$11,638.77	\$721.60			10151
NORMAL HOURS 00	PAY BASIS 3	DUTY BASIS 1	COST CENTER 184010	SUBACCOUNT 78	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 7-3-41	PAY PLAN A	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Canc Checks etc.) Retirement correction from 1 to C. Effective date of change 2-5-84.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 2/12/03

VA Veterans Administration					CSRS/FERS CORRECTION WORKSHEET					CONTROL NO.	
NOTE: See reverse for instructions. Upon completion of this form, please fax completed form to VAFSC, Austin, TX at (512) 460-5507.											
TAX YEAR --2000 (Only one tax year per sheet)											
STATION NO. 546		SERVICING STA NO.		NAME OF EMPLOYEE. Tucker, Tom					111-22-1111		
SUMMARY OF RETIREMENT CODE CHANGE INPUT (LIST EACH CHANGE)											
DATE		OLD RETIREMENT CODE		NEW RETIREMENT CODE		NATURE OF ACTION					
2-5-84		1		C		Retro active retirement code change from 1 to C. More than one year break in service between appointments.					
EMPLOYEE DATA											
NORMAL HOURS	PAY BASIS	DUTY BASIS	COST CENTER/ORG	SUB ACCT.	FTE EQUIV.	SEPARATION DAY NO.	FCP	DATE OF BIRTH	PAY PLAN	TYPE APPT	
80	3	1	184010	78	0		012	7-3-41	A	1	
ORIGINAL/CORRECTED DEDUCTIONS AND VA CONTRIBUTIONS											
ORIGINAL RET/FICA CODE	SALARY BASIS FOR RETIREMENT DEDUCTION		ORIGINAL EMPLOYEE DEDUCTIONS		ORIGINAL VA CONTRIBUTIONS		PAY PERIOD NO.	CORRECT RET/FICA CODE	CORRECT EMPLOYEE DEDUCTIONS		CORRECT VA CONTRIBUTIONS
1	\$1,500.00		\$108.75		\$127.65		99-26	C	\$15.75		\$127.65
1	\$1,620.00		\$119.88		\$137.86		00-1	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-2	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-3	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-4	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-5	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-6	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-7	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-8	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-9	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-10	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-11	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-12	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-13	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-14	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-15	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-16	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-17	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-18	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-19	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-20	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-21	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-22	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-23	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-24	C	\$19.44		\$137.86
1	\$1,620.00		\$119.88		\$137.86		00-25	C	\$19.44		\$137.86
TOTALS >			\$3,105.75		\$3,574.15			TOTALS >		\$501.75	\$3,574.15
APPROPRIATION DATA	APPROPRIATION CODE		ORIGINAL DEDUCTION CONTRIBUTION				CORRECT DEDUCTION CONTRIBUTION				
PRIOR YEAR	00151		EMPLOYEE \$2,386.47		VA \$2,746.99		EMPLOYEE \$385.11		VA \$2,746.99		
CURRENT YEAR	10151		EMPLOYEE \$719.28		VA \$827.16		EMPLOYEE \$116.64		VA \$827.16		
COMMENTS											
PREPARED BY Name Required			VERIFIED BY Name Required			AUTHORIZED BY Signature Required				DATE 1-10-01	



Department of Veterans Affairs

NOTICE OF CHECK CANCELLATION OR CASH COLLECTION

TO		VA FSC (104/0475B) AUSTIN, TX				NAME AND LOCATION OF PREPARING STATION						STATION NO.			
NAME OF EMPLOYEE						SOCIAL SECURITY NO.		DATE OF BIRTH		CHECK NO.		DATE OF CHECK		SALARY RATE	
FCP NO.		PWLAN	TYPE APPT	PAY BASIS	DUTY BASIS	NORMAL HOURS		EQUIVALENT MAN HOURS		COST CENTER		SUBACCOUNT	PAY PERIOD OF OVERPAYMENT		
TSP		STATUS	PERCENT	RESERVED	DIST. OF EMPLOYEE DEDUCTION						GOVERNMENT BASIC		GOVERNMENT MATCH		
					GS		FI		CS						
STATUS (If two blocks apply check both) <input type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED						SEPARATION DAY NO.				O AND S STATION		T AND L UNIT NO.			
EARNINGS AND DEDUCTIONS DATA															
EARNINGS AND ALLOWANCES						AMOUNT		DEDUCTIONS				AMOUNT			
BASE PAY								OASDI TAX							
NIGHT DIFFERENTIAL								MEDICARE TAX							
HOLIDAY								FEDERAL TAX							
OVERTIME								PRIMARY STATE TAX		GSA CODE					
LUMP SUM								SECONDARY STATE TAX		GSA CODE					
STANDBY PREMIUM PAY								PRIMARY CITY TAX		GSA CODE					
ONCALL PAY								SECONDARY CITY TAX		GSA CODE					
PHYSICIAN/DENTIST PAY								BASIC LIFE INSURANCE		VA SHARE					
SUNDAY PREMIUM PAY								ADDTL OPTL INSURANCE		CODE					
LIVING ALLOWANCE								STANDARD OPTIONAL LIFE INSURANCE							
UNIFORM ALLOWANCE								FAMILY LIFE INSURANCE							
EARNED INCOME CREDIT								HEALTH BENEFITS Pre-tax YES <input type="checkbox"/> NO <input type="checkbox"/>							
INCENTIVE AWARDS								SAVINGS BONDS							
SES AWARDS								GARAGE							
SATURDAY PREMIUM PAY								TAXABLE QUARTERS							
SPECIAL RATE BASE PAY								NONTAXABLE QUARTERS							
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME								SUBSISTENCE							
MOVING EXPENSES								PARKING FEES							
LOCALITY PAY								VOLUNTARY CONTRIBUTIONS		CFC CODE					
TOTAL EARNINGS AND ALLOWANCES								UNION DUES		UNION DUES CODE					
LESS-TOTAL DEDUCTIONS								POST 1956 MILITARY SERVICE DEPOSIT							
CASH COLLECTED OR NET PAY OF CHECK CANCELLED								THRIFT SAVINGS PLAN							
OF 1114 NO.		DATE OF CF 1114						RETIREMENT		CODE	VA SHARE				
VA FORM 4-1027 NO.		DATE OF VA FORM 4-1027						RETIREMENT (RE-EMPLOYED ANNUITANTS)							
HEALTH BENEFITS CODE		VA SHARE OF HEALTH BENEFITS						TRANSIT BENEFIT							
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS							
ACTION <input type="checkbox"/> CHECK CANCELED <input type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.				TOTAL DEDUCTIONS							
REASON FOR CANCELLATION OR COLLECTION								TAXING AUTHORITY TO RECEIVE INFORMATION ONLY							
PREPARED BY Name Required				DATE				SIGNATURE CHIEF FISCAL/FINANCE				DATE			

INSTRUCTIONS FOR COMPLETING FORM 4-4938 WORKSHEET

1. Personnel changed this employee's retirement status between CSRS and FERS. If the effective date of the change is retroactive to a prior pay period, this worksheet must be completed. If the effective date of the change is not retroactive and no correction is required, the worksheet must be certified by the Authorizing Official and returned to the Financial Services Center as a negative report.
2. When completing the worksheet, accuracy of data is of utmost importance. This will ensure that the correction, when processed by the Financial Services Center, will be the final retirement correction that will be required for this employee. It will also facilitate the reconciliation of individual employee subsidiary records to general ledger balances within each retirement system. Accordingly, the source of information to be used when completing the original/corrected deductions and VA contributions on the worksheet will be the Record of Salary Payments (VA Form 4-5691), the payroll copy of applicable E&L Statements (VA FORM 4-5632), or the Biweekly Payroll Register (VA Form 4-1975).
3. A control number must be assigned to each worksheet. If more than one worksheet must be completed for a specific employee (see para. 4 below), a separate control number must be assigned to each worksheet. The control number will be comprised of the station number followed by a sequential number beginning with 001 (e.g., 688-001, 688-002, etc.). A separate series of control numbers must be assigned for each station.
4. Complete the ORIGINAL "Ret/FICA" code, employee deduction, and VA contribution for each pay period (PP). These entries will be shown on the left side of the worksheet. Record each affected PP number in the center column by entering the year and PP (e.g., PP 25, 1987 would be recorded as 7-25). On the right side of the worksheet, list the CORRECT data for each affected PP. The worksheet will be completed on a tax year basis. If the retroactive correction period extends back beyond the current tax year, complete a separate worksheet for each tax year involved. Fiscal year appropriation charges will be totaled as indicated in the field labeled "Appropriation Data". Prorate "split" PP's in the usual manner (e.g., PP20, 1987 would be "split" 30/70). Upon completion of the worksheet(s), attach a copy of the documents (VA Form 4-5691, 4-5632 and/or 4-1975) that support the entries on the worksheet(s).
5. Every effort must be made to complete the worksheet no later than the PP following the one in which the worksheet is received. This will enable the Financial Services Center to prepare the necessary input code sheets on a relatively current basis. Weekly reminders will be sent 30 calendar days after the issuance of the worksheet until the record is corrected or a negative report is received.

NOTE:

1. Any excess employee retirement deductions will be deposited to the station suspense account by the Financial Services Center.
2. A retroactive change in the employee's retirement code may affect the employee's Medicare/FICA wages. If the retirement code changes from a 1 or 6 (full CSRS) to K or M (FERS) or vice versa, a corrected W-2c must be processed for prior tax year Medicare/FICA wages and tax and/or a transaction type 84 to adjust the correct tax year wages and tax. The excess retirement deductions which have been deposited to station suspense, (see note 1), may be used to apply against any debt caused as a result of the Medicare/FICA wage and tax correction.
3. If a copy of this worksheet is received close to the end of the calendar year, the worksheet should be expedited to the Financial Services Center. Failure to correct the records in a timely manner could result in the employee's current year TD Form W-2 being issued in error.

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 635	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION
EMPLOYEE'S CURRENT SOCIALSECURITY NO. 777 - 55 - 3333		EMPLOYER'S FEDERAL EIN 74-1612229F
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Mickey Mouse 2121 Trapdoor Way Oklahoma City, OK 73118		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$19,047.74	\$18,995.98	(\$51.76)	
	4. SOC SECURITY TAX WITHHELD	\$1,180.93	\$1,177.72	(\$3.21)	
	5. MEDICARE WAGES	\$19,047.74	\$18,995.98	(\$51.76)	
	6. MED. TAX WITHHELD	\$276.19	\$275.44	(\$.75)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
	ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)
		OASDI WAGES	\$19,047.74	\$18,995.98	(\$51.76)
		OASDI TAX WITHHELD	\$1,180.93	\$1,177.72	(\$3.21)
MEDICARE WAGES		\$19,047.74	\$18,995.98	(\$51.76)	
MEDICARE TAX WITHHELD		\$276.19	\$275.44	(\$.75)	
OTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
	(\$51.76)	(\$3.21)	(\$51.76)	(\$.75)	
NORMAL HOURS	PAY BASIS	DUTY BASIS	COST CENTER	SUBACCOUNT	FTE EQUIVALENT
80	2	1	822222	61	0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT	DATE OF BIRTH	PAY PLAN	TYPE OF APPOINTMENT
		012	6-2-45	1	1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Cash collection – employee not entitled PP23/00. Employee paid bill On 2-20-2001.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 3-28-01

Department of Veterans Affairs				NOTICE OF CHECK CANCELLATION OR CASH COLLECTION															
TO VA FSC (104/0475B) AUSTIN, TX				NAME AND LOCATION OF PREPARING STATION VAMC Oklahoma City OK										STATION NO. 635					
NAME OF EMPLOYEE Mickey Mouse				SOCIAL SECURITY NO. 777 - 55 - 3333				DATE OF BIRTH 6 - 2 - 45		CHECK NO.		DATE OF CHECK 11 - 28 - 00		SALARY RATE 11.77					
FCP NO. 012		PAYPLAN 1		TYPE APPT 1		PAY BASIS 2		DUTY BASIS 1		NORMAL HOURS 80		EQUIVALENT MAN HOURS 0		COST CENTER 822222		SUBACCOUNT 61		PAY PERIOD OF OVERPAYMENT PP23/00	
TSP		STATUS T		PERCENT 10		RESERVED		DIST. OF EMPLOYEE DEDUCTION						GOVERNMENT BASIC 98		GOVERNMENT MATCH 391			
						GS				FI				CS		100			
STATUS (If two blocks apply check both) <input type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input checked="" type="checkbox"/> EMPLOYEE SEPARATED										SEPARATION DAY NO. 054		O AND S STATION		T AND L UNIT NO. 123					
EARNINGS AND DEDUCTIONS DATA																			
EARNINGS AND ALLOWANCES								AMOUNT		DEDUCTIONS						AMOUNT			
BASE PAY								\$97.52		OASDI TAX						\$3.21			
NIGHT DIFFERENTIAL										MEDICARE TAX						\$.75			
HOLIDAY										FEDERAL TAX									
OVERTIME										PRIMARY STATE TAX						GSA CODE			
LUMP SUM										SECONDARY STATE TAX						GSA CODE			
STANDBY PREMIUM PAY										PRIMARY CITY TAX						GSA CODE			
ONCALL PAY										SECONDARY CITY TAX						GSA CODE			
PHYSICIAN/DENTIST PAY										BASIC LIFE INSURANCE						VA SHARE \$2.17			
SUNDAY PREMIUM PAY										ADDTL OPTL INSURANCE						CODE			
LIVING ALLOWANCE										STANDARD OPTIONAL LIFE INSURANCE									
UNIFORM ALLOWANCE										FAMILY LIFE INSURANCE									
EARNED INCOME CREDIT										HEALTH BENEFITS Pre-tax YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						\$45.76			
INCENTIVE AWARDS										SAVINGS BONDS									
SES AWARDS										GARAGE									
SATURDAY PREMIUM PAY										TAXABLE QUARTERS									
SPECIAL RATE BASE PAY										NONTAXABLE QUARTERS									
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME										SUBSISTENCE									
MOVING EXPENSES										PARKING FEES									
LOCALITY PAY										VOLUNTARY CONTRIBUTIONS						CFC CODE			
TOTAL EARNINGS AND ALLOWANCES								\$97.52		UNION DUES						UNION DUES CODE A001			
LESS-TOTAL DEDUCTIONS								\$74.98		POST 1956 MILITARY SERVICE DEPOSIT									
CASH COLLECTED OR NET PAY OF CHECK CANCELLED								\$22.54		THRIFT SAVINGS PLAN						\$9.75			
OF 1114 NO. K164114				DATE OF CF 1114 2-20-2001				RETIREMENT				CODE K		VA SHARE \$1043		\$1.17			
VA FORM 4-1027 NO. C52782546				DATE OF VA FORM 4-1027 2 - 20 - 2001				RETIREMENT (RE-EMPLOYED ANNUITANTS)											
HEALTH BENEFITS CODE 452				VA SHARE OF HEALTH BENEFITS \$137.28				TRANSIT BENEFIT											
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS											
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.				TOTAL DEDUCTIONS						\$74.98					
REASON FOR CANCELLATION OR COLLECTION Employee not entitled to PP23/00 pay. Paid on 2-20-01										TAXING AUTHORITY TO RECEIVE INFORMATION ONLY Taxable Wage \$51.76									
PREPARED BY Name Required								DATE - -		SIGNATURE CHIEF FISCAL/FINANCE Signature Required						DATE - -			

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 630	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION
EMPLOYEE'S CURRENT SOCIALSECURITY NO. 555 - 77 - 2222		EMPLOYER'S FEDERAL EIN 74-1612229F
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Crystal Carrington 2540 50th Ave Apt 7L New York, New York 10037		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS 78772
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$30,823.53	\$30,674.93	(\$148.60)	
	4. SOC SECURITY TAX WITHHELD	\$1,911.05	\$1,901.84	(\$9.21)	
	5. MEDICARE WAGES	\$30,823.53	\$30,674.93	(\$148.60)	
	6. MED. TAX WITHHELD	\$446.89	\$464.74	(\$2.15)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)	
	OASDI WAGES	\$30,823.53	\$30,674.93	(\$148.60)	
	OASDI TAX WITHHELD	\$1,911.05	\$1,901.84	(\$9.21)	
	MEDICARE WAGES	\$30,823.53	\$30,674.93	(\$148.60)	
	MEDICARE TAX WITHHELD	\$446.89	\$464.74	(\$2.15)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	(\$148.60)	(\$9.21)	(\$148.60)	(\$2.15)	
NORMAL HOURS 80	PAY BASIS 2	DUTY BASIS 1	COST CENTER 856425	SUBACCOUNT 08	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 07-26-56	PAY PLAN 1	TYPE OF APPOINTMENT 2
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Cash Collection – employee not entitled PP23/00. Employee paid bill On 2-20-2001			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 3-28-01

Department of Veterans Affairs					NOTICE OF CHECK CANCELLATION OR CASH COLLECTION									
TO		VA FSC (104/0475B) AUSTIN, TX			NAME AND LOCATION OF PREPARING STATION VAMC New York, NY							STATION NO. 630		
NAME OF EMPLOYEE Crystal Carrington					SOCIAL SECURITY NO. 555 - 77 - 2222		DATE OF BIRTH 07 - 26 - 56		CHECK NO.		DATE OF CHECK 11 - 28 - 00		SALARY RATE \$30,596.80	
FCP NO. 012	PWLAN 1	TYPE APPT 2	PAY BASIS 2	DUTY BASIS 1	NORMAL HOURS 80	EQUIVALENT MAN HOURS 0	COST CENTER 85642508		SUBCENT	PAY PERIOD OF OVERPAYMENT PP2300				
TSP	STATUS I	PERCENT T	RESERVED	DIST. OF EMPLOYEE DEDUCTION					GOVERNMENT BASIC		GOVERNMENT MATCH			
				GS		FI		CS						
STATUS (If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED					SEPARATION DAY NO.		O AND S STATION		T AND L UNIT NO.					
EARNINGS AND DEDUCTIONS DATA														
EARNINGS AND ALLOWANCES					AMOUNT		DEDUCTIONS				AMOUNT			
BASE PAY					\$177.68		OASDI TAX				\$9.21			
NIGHT DIFFERENTIAL							MEDICARE TAX				\$2.15			
HOLIDAY							FEDERAL TAX							
OVERTIME							PRIMARY STATE TAX		GSA CODE					
LUMP SUM							SECONDARY STATE TAX		GSA CODE					
STANDBY PREMIUM PAY							PRIMARY CITY TAX		GSA CODE					
ONCALL PAY							SECONDARY CITY TAX		GSA CODE					
PHYSICIAN/DENTIST PAY							BASIC LIFE INSURANCE		VA SHARE					
SUNDAY PREMIUM PAY							ADDTL OPTL INSURANCE		CODE					
LIVING ALLOWANCE							STANDARD OPTIONAL LIFE INSURANCE							
UNIFORM ALLOWANCE							FAMILY LIFE INSURANCE							
EARNED INCOME CREDIT							HEALTH BENEFITS Pre-tax YES <input type="checkbox"/> NO <input type="checkbox"/>							
INCENTIVE AWARDS							SAVINGS BONDS							
SES AWARDS							GARAGE							
SATURDAY PREMIUM PAY							TAXABLE QUARTERS							
SPECIAL RATE BASE PAY							NONTAXABLE QUARTERS							
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME							SUBSISTENCE							
MOVING EXPENSES							PARKING FEES							
LOCALITY PAY							VOLUNTARY CONTRIBUTIONS		CFC CODE					
TOTAL EARNINGS AND ALLOWANCES					\$177.68		UNION DUES		UNION DUES CODE					
LESS-TOTAL DEDUCTIONS					\$40.44		POST 1956 MILITARY SERVICE DEPOSIT							
CASH COLLECTED OR NET PAY OF CHECK CANCELLED					\$137.24		THRIFT SAVINGS PLAN							
OF 1114 NO. K1741122		DATE OF OF 1114 2 - 20 - 01					RETIREMENT		CODE	VA SHARE				
VA FORM 4-1027 NO. C52789453		DATE OF VA FORM 4-1027 2 - 20 - 01					RETIREMENT (RE-EMPLOYED ANNUITANTS)							
HEALTH BENEFITS CODE		VA SHARE OF HEALTH BENEFITS					TRANSIT BENEFIT				\$29.08			
FUND OR APPROPRIATION SYMBOL			REDUCTION FOR ANNUITY			Other Deductions								
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED			SUSPENSE PAT NO.			TOTAL DEDUCTIONS				\$40.44				
REASON FOR CANCELLATION OR COLLECTION					TAXING AUTHORITY TO RECEIVE INFORMATION ONLY Taxable Wage \$148.60									
PREPARED BY Name Required					DATE - -		SIGNATURE CHIEF FISCAL/FINANCE Signature Required				DATE - -			